

# 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<br>(Ethics Commission Filers)<br>00083985 | 2 Total pages filed:<br>3                                                                                                                                            |  |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                                                 | MS / MRS / MR FIRST MI<br>Dr. Anna                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      | <b>OFFICE USE ONLY</b><br><br>Date Received<br>ELECTRONICALLY FILED<br>07/08/2025                                                                                    |  |
|                                                                                                       | NICKNAME LAST SUFFIX<br>Allred                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      |                                                                                                                                                                      |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>1 E. Greenway Plz., Ste. 225<br><br>Houston, TX 77046                                                                                                                                                                                                                                                                                                                           |                                                      | Date Hand-delivered or Date Postmarked                                                                                                                               |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | Receipt # Amount                                                                                                                                                     |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | Date Processed                                                                                                                                                       |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | Date Imaged                                                                                                                                                          |  |
| 5 CAMPAIGN<br>TREASURER<br>NAME                                                                       | MS / MRS / MR FIRST MI<br>Dr. Sherif                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                                                                                                                                                      |  |
|                                                                                                       | NICKNAME LAST SUFFIX<br>Zaafran                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                                                                      |  |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>1 E. Greenway Plz., Ste. 225<br><br>Houston, TX 77046                                                                                                                                                                                                                                                                                                   |                                                      |                                                                                                                                                                      |  |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                                                                      | AREA CODE PHONE NUMBER EXTENSION<br>(713) 526-3399                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                                                                                                                                      |  |
| 8 REPORT<br>TYPE                                                                                      | <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) |                                                      |                                                                                                                                                                      |  |
| 9 PERIOD<br>COVERED                                                                                   | Month Day Year    THROUGH    Month Day Year<br>01/01/2025    06/30/2025                                                                                                                                                                                                                                                                                                                                                            |                                                      |                                                                                                                                                                      |  |
| 10 ELECTION                                                                                           | ELECTION DATE<br>Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | ELECTION TYPE                                                                                                                                                        |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
| 11 OFFICE                                                                                             | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      | 12 OFFICE SOUGHT (if known)                                                                                                                                          |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 3

|                       |                    |                    |                                        |
|-----------------------|--------------------|--------------------|----------------------------------------|
| <b>13 C / OH NAME</b> | Allred, Anna (Dr.) | <b>14 Filer ID</b> | (Ethics Commission Filers)<br>00083985 |
|-----------------------|--------------------|--------------------|----------------------------------------|

|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                |                                             |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                                             |
|                                                                                           | <b>COMMITTEE TYPE</b>                                                                                                                                                                                                                                                                                                                                                                          | <b>COMMITTEE NAME</b>                       |
|                                                                                           | <input type="checkbox"/> GENERAL                                                                                                                                                                                                                                                                                                                                                               | <b>COMMITTEE ADDRESS</b>                    |
|                                                                                           | <input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                                                                              | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |
|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |

|                               |                                                                                                                                       |    |      |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----|------|
| <b>16 CONTRIBUTION TOTALS</b> | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                           | \$ | 0.00 |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                            | \$ | 0.00 |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                                | \$ | 0.00 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE 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 |

**17 AFFIDAVIT**

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.

Dr. Anna Allred

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 3

|                                                  |                                                                                                             |                                                           |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>18 FILER NAME</b><br>Allred, Anna (Dr.)       |                                                                                                             | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00083985 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL AMOUNT                                           |
| 1.                                               | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                                                        |
| 2.                                               | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                                        |
| 3.                                               | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$                                                        |
| 4.                                               | <input type="checkbox"/> SCHEDULE E: LOANS                                                                  | \$                                                        |
| 5.                                               | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$                                                        |
| 6.                                               | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$                                                        |
| 7.                                               | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                                                        |
| 8.                                               | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                                        |
| 9.                                               | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$                                                        |
| 10.                                              | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                                                        |
| 11.                                              | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                                                        |
| 12.                                              | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                                        |