

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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|---|--|--|--|--|----------------------------------|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00090471 | 2 Total pages filed: 7 | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | | | |
| | Anissa M. | | | | | |
| | NICKNAME | LAST | SUFFIX | | | |
| | Chilmeran | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; | | | ZIP CODE | | |
| | 5005 Quail Creek Dr | | | | | |
| | McKinney, TX 75071 | | | | | |
| | | | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | | | |
| | Anissa M. | | | | | |
| | NICKNAME | LAST | SUFFIX | | | |
| | Chilmeran | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | | | APT / SUITE #; CITY; STATE; ZIP CODE | | |
| | 5005 Quail Creek Dr | | | | | |
| | McKinney, TX 75071 | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | |
| | (972) | 672-8557 | | | | |
| 8 REPORT TYPE | <input checked="" 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 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 COVERED | Month | Day | Year | Month | Day | Year |
| | | 07/01/2025 | | THROUGH | | 12/31/2025 |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month | Day | Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input checked="" type="checkbox"/> Other |
| | 03/10/2026 | | | <input type="checkbox"/> General | <input type="checkbox"/> Special | Nominating Convention |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) | | |
| | | | | State Representative District 61 | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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| | |
|--|---|
| 13 C / OH NAME Chilmeran, Anissa M. | 14 Filer ID (Ethics Commission Filers) 00090471 |
|--|---|

| | | |
|---|--|---|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <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. | |
| | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/> |
| | | |
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|-------------------------|---|-------------|
| 16 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) | \$ 1,188.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 600.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 588.00 |
| 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.

Anissa M. Chilmeran

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**

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| | | |
|--|---|---|
| 18 FILER NAME Chilmeran, Anissa M. | | 19 Filer ID (Ethics Commission Filers) 00090471 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,188.00 |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 600.00 |
| 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 | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/7 |
| 2 FILER NAME Chilmeran, Anissa M. | | 3 Filer ID (Ethics Commission Filers) 00090471 |
| 4 Date 09/26/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abueideh, Maher <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60642 | 7 Amount of Contribution (\$) \$150.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alobaidi, Rima <hr/> Contributor address; City; State; Zip Code Addison, TX 75001 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apatira, Uthman <hr/> Contributor address; City; State; Zip Code Irving, TX 75063 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauman, Matthew <hr/> Contributor address; City; State; Zip Code Denton, TX 76209 | Amount of Contribution (\$) \$298.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chilmeran, Anissa <hr/> Contributor address; City; State; Zip Code Plano, TX 75024 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/7 |
| 2 FILER NAME Chilmeran, Anissa M. | | 3 Filer ID (Ethics Commission Filers) 00090471 |
| 4 Date 12/06/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copelin, Shane <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77023 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaige, Wesson <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNamara, Dimple <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nava, Diana <hr/> Contributor address; City; State; Zip Code Rosenberg, TX 77471 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papari, Arshia <hr/> Contributor address; City; State; Zip Code Austin, TX 78728 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 3/3 Rpt: 6/7

2 FILER NAME
Chilmeran, Anissa M.

3 Filer ID (Ethics Commission Filers)
00090471

4 Date
10/25/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Wilson, Michaela

7 Amount of Contribution (\$) \$5.00

6 Contributor address; City; State; Zip Code

Aubrey, TX 76227

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule G: Sch: 1/1 Rpt: 7/7 | 2 FILER NAME Chilmeran, Anissa M. | 3 Filer ID (Ethics Commission Filers) 00090471 |
| 4 Date 12/08/2025 | 5 Payee name Chilmeran, Anissa | |
| 6 Amount (\$) \$600.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 4925 Rasor Blvd 210 Plano, TX 75024 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Filling Fees <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |