

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

|   |  |  |                             |
|---|--|--|-----------------------------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Filer ID (Ethics Commission Filers)   | <b>2</b> Total pages filed: |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR: <u>MR.</u> FIRST: <u>ANTHONY</u> MI: <u>D</u><br>NICKNAME: LAST: <u>ROSS</u> SUFFIX:  | <b>OFFICE USE ONLY</b><br>Date Received<br><b>NO. _____ TIME 10:30am</b><br><b>JUL 15 2025</b><br>DONECE GREGORY COUNTY CLERK<br>TYLER COUNTY, TEXAS<br>By: <u>[Signature]</u><br>Date Hand-delivered or Date Postmarked<br>Receipt # _____ Amount \$ _____<br>Date Processed _____<br>Date Imaged _____ |                             |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX: <u>PO Box 150</u> APT / SUITE #: CITY: <u>SPURGER, TX</u> STATE: ZIP CODE: <u>77660</u><br><input type="checkbox"/> Change of Address  |  |                             |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE: <u>(409)</u> PHONE NUMBER: <u>200 4775</u> EXTENSION:   |  |                             |
| <b>6</b> CAMPAIGN TREASURER NAME                                      | MS / MRS / MR: <u>MR.</u> FIRST: <u>ANTHONY</u> MI: <u>D</u><br>NICKNAME: LAST: <u>ROSS</u> SUFFIX:  |  |                             |
| <b>7</b> CAMPAIGN TREASURER ADDRESS                                   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE<br><u>513 COUNTY ROAD 4420 SPURGER, TX 77660</u>   |  |                             |
| <b>8</b> CAMPAIGN TREASURER PHONE                                     | AREA CODE: <u>(409)</u> PHONE NUMBER: <u>200 4775</u> EXTENSION:   |  |                             |
| <b>9</b> REPORT 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) |  |                             |
| <b>10</b> PERIOD COVERED  | Month Day Year    THROUGH    Month Day Year<br><u>1 / 1 / 2025</u> <u>6 / 30 / 2025</u>  |  |                             |
| <b>11</b> ELECTION  | ELECTION DATE: Month Day Year    ELECTION TYPE:<br>/ / <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special   |  |                             |
| <b>12</b> OFFICE  | OFFICE HELD (if any): <u>TYLER COUNTY CONSTABLE PCT 4</u>  | <b>13</b> OFFICE SOUGHT (if known):  |                             |
| <b>14</b> 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.  |  |                             |
| <input type="checkbox"/> Additional Pages                             | <input type="checkbox"/> GENERAL   | COMMITTEE NAME   |                             |
|   | <input type="checkbox"/> SPECIFIC  | COMMITTEE ADDRESS  |                             |
|   |  | 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>ANTHONY D ROSS |   | <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) | \$ _____                                      |
|                                       | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ _____                                      |
| <b>EXPENDITURE TOTALS</b>             | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ _____                                      |
|                                       | 4. TOTAL POLITICAL EXPENDITURES   | \$ _____                                      |
| <b>CONTRIBUTION BALANCE</b>           | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ _____                                      |
| <b>OUTSTANDING LOAN TOTALS</b>        | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ _____                                      |

**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.

*Anthony D Ross*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Anthony D Ross this the 15th day of July, 2023, to certify which, witness my hand and seal of office.

Kimberly Murray Kimberly Murray Deputy Clerk  
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)