### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

I	FORM	C/OH
COVER	SHEE	T PG 1

The C/OH Instruction (	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Comn 0008419	,	2 Total pages	filed: 109
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE	USE ONLY
OFFICEHOLDER	The Honorable	Elizabeth				
NAME					Date Received	
						CALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023	
	Liz	Campos				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Γ <b>Υ</b> :	ZIP CODE	Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	1028 Rigsby		.,		Receipt #	Amount
Change of Address	Con Antonio TV 70210					
	San Antonio, TX 78210				Date Processed	·
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Joe				
NAME						
	NICKNAME	LAST		SUFFIX		
		Campos		30111/		
		Gampos				
6 CAMPAIGN	STREET ADDRESS (NO DO		٨٢		6-	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PC	BOX PLEASE);	AF	PT / SUITE #; CITY;	5	TATE; ZIP CODE
ADDRESS	1035 Rigsby					
(Residence or Business)						
	San Antonio, TX 78210					
7 CAMPAIGN TREASURER		NE NUMBER	EXTENSION			
PHONE	(210) 931-8922					
8 REPORT TYPE	January 15	30th day befor		Runoff	15th day after o	campaign treasurer
		Sour day Scion				fficeholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (A	ttach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TI	HROUGH	06/30/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XF	Primary	Runoff	Other	
	03/05/2024		General	Special		
					- (;f	
11 OFFICE	OFFICE HELD (if any)	riot 110 Boyor		12 OFFICE SOUGHT		0
	State Representative Dist	nci 119 Dexai		State Represent		.9
		GO <sup>-</sup>	TO PAGE 2			
Forms provided by Te	xas Ethics Commission		thics.state.tx.u	IS	\/erc	sion V3.5.1.a18ea2ca

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 109

13 C / OH NAME	Campos, Elizabeth (1	he Honorable)	14 Filer ID (i 00084192	Ethics Commis	sion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a l officeholders are required to report this information	the candidate's or office	holder's knowle	edge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	55		
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	480.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	57,401.51
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	231.08
	4. TOTAL POLITIC	AL EXPENDITURES		\$	96,310.63
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	74,329.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	1,267.65
17 AFFIDAVIT	-				
		l swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		The Honor	able Elizabeth Campo	DS	
		Signature of	Candidate or Officehold	ler	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	(	day
		ertify which, witness my hand and seal of office.			
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering	oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		/ersion V3.5.	1.a18ea2ca

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 109 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Campos, Elizabeth (The Honorable) 00084192 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 55,730.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 1,671.51 \$ X SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 0.00 З. 4. X SCHEDULE E: LOANS \$ 0.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 96,310.63 \$ Х 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 0.00 \$ 7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS 0.00 \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 0.00 8. \$ X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 0.00 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 23,555.40 TO FILER

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/11 Rpt: 4/109	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Campos, El	lizabeth (The Honorable)		00084192	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
06/28/2023	Amato, Charles			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78216			
8 Principal occi CEO	upation / Job title (See Instructions)	9 Employer (See Instructions SWBC	;)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/20/2023	American Pharmacy Inc., GPAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Comus Christi TV 79401			
Dringinal acc	Corpus Christi, TX 78401	Employer (See Instructions		
Philipai occi	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
06/29/2023	Ancira, April			\$500.00
	Contributor address; City; State; Zip Code			
	Boerne, TX 78015			
	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Vice Preside	ent	Ancira Auto Group		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
06/29/2023	Arechiga, Jason			\$500.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78259			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Executive		NRP Group	7	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/21/2023		/	Amount of Contribution (4)	\$250.00
00,21,2012	Contributor address; City; State; Zip Code			Ψ_00.00
	Austin, TX 78701			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	\$)	

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/109	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		zabeth (The Honorable)			00084192	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/23/2023	Blackwood, Susan				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Con Antonio TV 70250				
Ļ	Dringinal occu	San Antonio, TX 78258	Employer (See Instructions	<u> </u>		
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	5)		
╞				г		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*1</b> 000 00
	06/28/2023					\$1,000.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78216				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
		,		,		
⊢	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u> )	Γ	Amount of Contribution (\$)	
	06/28/2023	Brown, Mary Rose			, unoun of etc.,	\$2,500.00
				ł		
		San Antonio, TX 78257				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Executive		NuStar Energy L.P.			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/20/2023	Bruggeman, Adam				\$500.00
		Contributor address; City; State; Zip Code		1		
$\vdash$	Dringing occu	San Antonio, TX 78261 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Orthopedic S		Texas SpineCare Cente			
┝						
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID#: Burney, Frank	)		Amount of Contribution (\$)	\$250.00
	00/20/2023	-		-		φ200.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78205				
$\vdash$	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Attorney	•	Martin & Drought P.C.			
⊢						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/109	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Campos, Eli	zabeth (The Honorable)			00084192	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/29/2023	Campos, Lorena				\$500.00
		6 Contributor address; City; State; Zip Code		1		
	I	1				
		Austin, TX 78701				
8	Principal occu		9 Employer (See Instructions)	∟ 3)		
	Government	Relations	Campos Consulting, L.L			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/26/2023	Charter Schools Now PAC				\$2,500.00
	I	Contributor address; City; State; Zip Code				
	I	1				
	I					
┝		Austin, TX 78704		ŕ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	3)		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
	06/27/2023	Davidson Troilo, Ream, & Garza	/		Allount of Contineation (+)	\$250.00
	00,2	Contributor address; City; State; Zip Code		ł		Ψ <b>L</b> στιτι
	I					
	I	1				
	I	San Antonio, TX 78216				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/23/2023	Dawson, Sam				\$1,000.00
	I	Contributor address; City; State; Zip Code		1		
	I	1				
	I	1				
L		San Antonio, TX 78230				
		pation / Job title (See Instructions)	Employer (See Instructions)			
L	CEO		Pape-Dawson Engineeri	ing		
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/28/2023	Deputy Sheriff's Association				\$1,500.00
	1	Contributor address; City; State; Zip Code				
	I	1				
	I					
		San Antonio, TX 78217		L		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
L						

The Instruction Guide explain	s how to complete this	form.	1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/109	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
Campos, Elizabeth (The Honorable	)		00084192	
4 Date 5 Full name of contribu	tor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
06/28/2023 Escareno, Louis R				\$250.00
6 Contributor address;	City; State; Zip Code			
San Antonio, TX 7	3207			
8 Principal occupation / Job title (See Inst	ructions)	9 Employer (See Instructions	)	
Attorney		Louis R. Escareno P.C.		
Date Full name of contribu	tor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
06/28/2023 Gabriel, Inez				\$500.00
Contributor address;	City; State; Zip Code			
	- 37 7 .			
San Antonio, TX 7	3207			
Principal occupation / Job title (See Inst	ructions)	Employer (See Instructions	)	
Attorney		Gabriel Family Brands, I	C.C.	
Date Full name of contribu	tor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
06/29/2023 Guerrero, Debra A	nn			\$500.00
Contributor address;	City; State; Zip Code			
San Antonio, TX 7	3210			
Principal occupation / Job title (See Inst	ructions)	Employer (See Instructions	)	
Executive		NRP Group		
Date Full name of contribu	tor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
06/19/2023 Gurkowski, Mary A	nn			\$250.00
Contributor address;	City; State; Zip Code			
	-			
San Antonio, TX 7				
Principal occupation / Job title (See Inst	ructions)	Employer (See Instructions	)	
Anesthesiologist		Self-Employed		
Date Full name of contribu	tor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
06/19/2023 Havalda, Diane				\$250.00
Contributor address;	City; State; Zip Code			
San Antonio, TX 7				
Principal occupation / Job title (See Inst	ructions)	Employer (See Instructions	)	
Anesthesiologist		Baptist Medical Center		

-							
	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/109	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		zabeth (The Honorable)			-	00084192	,
4	Date	5 Full name of contributor out-of-state	PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/19/2023	Hinchey, John					\$500.00
		6 Contributor address; City; State; Zip Code					
		San Antonio, TX 78209					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u>ا</u>		
ľ	Orthopedic S			Ortho San Antonio	<b>'</b>		
	-	-					
	Date		e PAC (ID#:	)		Amount of Contribution (\$)	¢F 000 00
	06/28/2023						\$5,000.00
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78213					
<u> </u>	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	CEO			Hogan Property Compa			
╞							
	Date		e PAC (ID#:	)		Amount of Contribution (\$)	¢250.00
	06/20/2023						\$350.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	) ;)		
					,		
⊨	Date	Full name of contributor out-of-state	PAC (ID#	)		Amount of Contribution (\$)	
	06/20/2023	Kaufman, William		/		(*)	\$1,000.00
		-					
		San Antonio, TX 78205					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	President			The Kaufman Group			
	Date	Full name of contributor out-of-state	PAC (ID#:	)		Amount of Contribution (\$)	
	06/19/2023	Kercheville, Scott					\$150.00
	Contributor address; City; State; Zip Code						
		San Antonio, TX 78215					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Anesthesiolo	ogist		UT Health San Antonio			

The Instruc	ction Guide explains how to comple	ete this for	rm.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/109	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	zabeth (The Honorable)			-	00084192	
4 Date	5 Full name of contributor out-of-state	te PAC (ID#:	)	7	Amount of Contribution (\$)	
06/19/2023	Kercheville, Scott					\$100.00
	6 Contributor address; City; State; Zip Code	9				
	San Antonio, TX 78215					
8 Principal occup	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
Anesthesiolo			UT Health San Antonio			
Date	Full name of contributor out-of-state	te PAC (ID#:	)		Amount of Contribution (\$)	
06/27/2023	Killem Griffin & Farrimond Political Con		,			\$250.00
						•
		,				
	San Antonio, TX 78216					
Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	)		
Date	Full name of contributor out-of-state	te PAC (ID#:	)		Amount of Contribution (\$)	
06/19/2023	Legacy 44					\$1,000.00
	Contributor address; City; State; Zip Code					
	Austin, TX 78756					
Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	)		
Date	Full name of contributor out-of-state	e PAC (ID#:	)		Amount of Contribution (\$)	
06/20/2023	Linebarger Goggan Blair & Sampson, I					\$1,000.00
	Contributor address; City; State; Zip Code	ý				
	Austin, TX 78760					
Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	)		
T		I				
Date		te PAC (ID#:	)		Amount of Contribution (\$)	
06/29/2023	Malone, Mark					\$500.00
	Contributor address; City; State; Zip Code	<b>;</b>				
	Austin, TX 78768					
Drincipal occur			Employer (See Instructions	\		
CEO	pation / Job title (See Instructions)		Employer (See Instructions Advanced Pain Care	)		
			Auvanceu Fair Care			

The Instruction Guid	le explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/109	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
Campos, Elizabeth (The	Honorable)			-	00084192	
4 Date 5 Full name	e of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
06/20/2023 Metropo	olitan Anesthesia					\$2,500.00
6 Contribut	tor address; City; Sta	ate; Zip Code				
Dallas, <sup>-</sup>	TX 75219					
8 Principal occupation / Job ti		)	9 Employer (See Instructions	;)		
· ·						
Date Full name	e of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
06/20/2023 Mike To	omey & Associate					\$1,000.00
Contribut	tor address; City; Sta	ate; Zip Code				
	TX 78701		· · · · · ·			
Principal occupation / Job ti	itle (See Instructions)	)	Employer (See Instructions	5)		
	e of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
06/22/2023 Miller, J	oe William					\$1,000.00
Contribut	tor address; City; Sta	ate; Zip Code				
Austin -	TX 78701					
Principal occupation / Job ti		1	Employer (See Instructions	) )		
CoFounder		'	HIICo	9		
	e of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	Business PAC	UUL-01-State דאכ (וטד				\$2,500.00
		ata: Zin Cada				Ψ2,000.00
Contribut	tor address; City; Sta	ale; zip coue				
Universa	al City, TX 78148					
Principal occupation / Job ti	itle (See Instructions)	)	Employer (See Instructions	5)		
Date Full name	e of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
06/28/2023 Montford	d, John T.	—				\$500.00
Contribut	tor address; City; Sta	ate; Zip Code				
San Ant	tonio, TX 78257		-			
Principal occupation / Job ti	itle (See Instructions)	)	Employer (See Instructions	)		
President			JTM Consulting			

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/109	
2	FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
	Campos, Eli	zabeth (The Honorable)		00084192	
4	Date 06/28/2023	5 Full name of contributor out-of-state PAC (ID#: Ortiz Mckight PLLC	)	7 Amount of Contribution (\$)	\$250.00
		6 Contributor address; City; State; Zip Code			• -
		San Antonio, TX 78209			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	06/20/2023	Parkinson, Thomas			\$100.00
	I	Contributor address; City; State; Zip Code			
		San Antonio, TX 78217			
		pation / Job title (See Instructions)	Employer (See Instructions)	<i>;</i> )	
	Retired		Retired		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	06/22/2023	Ramirez, Rene			\$500.00
		Contributor address; City; State; Zip Code Edinburg, TX 78539			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Owner		Pathfinder Public Affairs	;	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	06/26/2023	Rodriguez, Marc			\$1,000.00
		Contributor address; City; State; Zip Code Austin, TX 78701			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)	
	Owner		Offices of Marc A. Rodrig	guez	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	06/20/2023	Sampson Public Affairs LLC			\$1,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78749			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	

The Instru	ction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: Sch: 9/11 Rpt: 12/109	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Campos, Eliz	zabeth (The Honorable)		00084192	-
4 Date	5 Full name of contributor out-of-state	e PAC (ID#:)	7 Amount of Contribution (\$)	
06/27/2023	San Antonio Professional Firefighters I	Political Action Committee		\$1,500.00
	6 Contributor address; City; State; Zip Code		.	
	San Antonio, TX 78201			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction:	s)	
Date	Full name of contributor out-of-state	e PAC (ID#:)	Amount of Contribution (\$)	
06/28/2023	Serna, Baltazar			\$500.00
	Contributor address; City; State; Zip Code		.	
	San Antonio, TX 78258			
	pation / Job title (See Instructions)	Employer (See Instruction	s)	
Attorney		Serna & Serna		
Date	Full name of contributor out-of-state	e PAC (ID#:)	Amount of Contribution (\$)	
06/28/2023	Southwest Business Corp.			\$500.00
	Contributor address; City; State; Zip Code		"	
Di indaan	San Antonio, TX 78216		<u> </u>	
Principai occu	pation / Job title (See Instructions)	Employer (See Instruction	S)	
Date	Full name of contributor out-of-state	e PAC (ID#:)	Amount of Contribution (\$)	
06/29/2023	TAPA PAC			\$1,000.00
	Contributor address; City; State; Zip Code		"	
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)	
Date	Full name of contributor out-of-state	I e PAC (ID#:)	Amount of Contribution (\$)	
06/20/2023	TSAPAC			\$3,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	us)	

	The Instru	ction Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/109		
2	FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
-		zabeth (The Honorable)		00084192	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
	06/22/2023	Texas Bail PAC			\$250.00
		6 Contributor address; City; State; Zip Code			
		Austin, TX 78731			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	06/19/2023	Texas Medical Association PAC			\$1,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	s)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	06/20/2023	Texas Orthopaedic Political Action Committee			\$3,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	06/20/2023	Texas for Lawsuit Reform PAC			\$5,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	06/20/2023	The San Antonio Orthopaedic Group LP			\$500.00
		Contributor address; City; State; Zip Code			
		San Antonio, TX 78246			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 11/11 Rpt: 14/109		
L						
2	FILER NAME Campos, Eli	zabeth (The Honorable)	3	Filer ID (Ethics Commission 00084192	on Filers)	
Ļ		· · ·		<u> </u>		
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	ľ	Amount of Contribution (\$)	<b>#0 500</b> 00
	06/19/2023	Weakley, Richard			\$2,500.00	
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77027				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	<b>-</b> 5)		
	Businessma		Self-Employed			
⊨					Amount of Contribution (f)	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/23/2023	Weidman, Joanna				\$200.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78248				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Executive		NRP Group	<i>,</i>		
			-	<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/20/2023 Wholesale Beer Distributors of Texas Contributor address; City; State; Zip Code					\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>-</b> 5)		
⊢						
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1						
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### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A	2
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The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/3 Rpt: 15/109							
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)							
	zabeth (The Honorable)			00084192					
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$			0.00				
5 Date 06/28/2023	7 Contributor address; City; State; Zip Code	)		contribution (\$)	<ul> <li>9 In-kind contribution description</li> <li>Food/Beverage</li> </ul>				
	San Antonio, TX 78257				utside of Texas. Complete Sche	edule T.			
-	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		DICIAL) (See in	nstructions)				
Executive		NuStar Energy L.P	<b>.</b>						
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOI	R JUDICIAL) (	(See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's s	spouse (if any) (F	FOR JUDICIAL)				
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date 06/28/2023	Full name of contributor out-of-state PAC (ID#: Denton, Laddie (Mr.) Contributor address; City; State; Zip Code	)		Amount of contribution (\$) \$234.54 I	In-kind contribution description Food/Beverage				
	San Antonio, TX 78218			Check if travel o	utside of Texas. Complete Sche	edule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	N-JUDICIAL) (See instructions)						
CEO		Bitterblue, Inc.							
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	Contributor's job title (FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributc	tor's spouse (if any) (FOR JUDICIAL)						
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date	Full name of contributor Out-of-state PAC (ID#:	)		Amount of	In-kind contribution				
06/28/2023	Douglas, Clif (Mr.) Contributor address; City; State; Zip Code			contribution (\$) \$234.54     	description Food/Beverage				
	San Antonio, TX 78209			Check if travel or	utside of Texas. Complete Sche	edule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		,	structions)				
Partner		Linebarger Goggar	n Bla	air & Sampson	I, LLP				
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 i	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A	2
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The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/3 Rpt: 16/109					
2 FILER NAME	=		<b>3</b> Filer ID (Ethics Commission Filers)				
	- izabeth (The Honorable)	Ľ	00084192				
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	0.00				
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8	Amount of 9 In-kind contribution			
06/28/2023	Kowalski, Rosemary (Mrs.)			contribution (\$) description			
	7 Contributor address; City; State; Zip Code			\$234.53   Food/Beverage I			
	San Antonio, TX 78209			Check if travel outside of Texas. Complete Schedule T.			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JU	JDICIAL) (See instructions)			
Chairwoma	n Emeritus	RK Group					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FC	OR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	<b>15</b> Law firm of contributo	or'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 🔲 out-of-state PAC (ID#:	)		Amount of In-kind contribution			
06/28/2023	Macon, Jane (Mrs.)			contribution (\$) description			
	Contributor address; City; State; Zip Code			\$234.53   Food/Beverage I			
	San Antonio, TX 78212			Check if travel outside of Texas. Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	N-JUDICIAL) (See instructions)				
Public Relat	tions	Bracewell & Giuliar					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	ntributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	tor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
			_				
Date	Full name of contributor out-of-state PAC (ID#:	)	1	Amount of In-kind contribution contribution (\$) description			
06/28/2023	Montford, John T. (Mr.)			\$234.53   Food/Beverage			
	Contributor address; City; State; Zip Code						
				I			
	San Antonio, TX 78257			Check if travel outside of Texas. Complete Schedule T.			
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON JTM Consulting	I-JL	JDICIAL) (See instructions)			
President							
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FC	OR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	utor's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	···· · · · · · · · · · · · · · · · · ·						

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f		Total pages Scl Sch: 3/3 Rpt:			
2 FILER NAME		_	-	s Commission Filers)		
	zabeth (The Honorable)		00084192			
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$		(	0.00	
5 Date 06/20/2023	<ul> <li>6 Full name of contributor out-of-state PAC (ID#: The San Antonio Orthopaedic Group LP</li> <li>7 Contributor address; City; State; Zip Code</li> </ul>	)		contribution (\$) \$139.81	i Food/Beverages I I I I I	
	San Antonio, TX 78246				outside of Texas. Complete Sched	lule T.
<b>10</b> Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	1-JUI	DICIAL) (See ir	nstructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FO	R JUDICIAL)	(See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	<b>15</b> Law firm of contributo	or's s	spouse (if any) (	FOR JUDICIAL)	
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)		Amount of contribution (\$)	In-kind contribution description	
06/20/2023	The San Antonio Orthopaedic Group LP	\$124.49   Food/Beverages				
	Contributor address; City; State; Zip Code			Ψ124.45	I	
					I I	
					1	
	San Antonio, TX 78246			Check if travel of	outside of Texas. Complete Sched	lule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	1-JUI	DICIAL) (See ii	nstructions)	
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 i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L				

#### **PLEDGED CONTRIBUTIONS** SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 18/109 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Campos, Elizabeth (The Honorable) 00084192 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 ) (If applicable) pledge (\$) ..... 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS		SCHE	DULE E
The Instruction Guide explains how to complete this form.	ages Schedule E: '1 Rpt: 19/109		
2 FILER NAME Campos, Elizabeth (The Honorable)	(Ethics Commiss 192	sion Filers)	
<sup>4</sup> TOTAL OF UNITEMIZED LOANS		\$	0.00
5 Date of loan 7 Name of lender Out-of-state PAC (ID#:	)	9 Loan Amount	: (\$)
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest Rate	
		<b>11</b> Maturity Date	
12 Principal occupation / Job title (See Instructions)       13 Employer (See Instructions)	)		
14 Description of Collateral     15 Check if personal funds we       None	re deposited	d into political acco (See Instructi	
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guar	anteed (\$)
not applicable <b>18</b> Guarantor address; City; State; Zip Code			
20 Principal occupation       21 Employer (See Instructions)	)	•	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Offic Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prin	lice Overhe lling Exper nting Expe laries/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	5		10 00		3	Filer ID (Ethics Commission Filers)
1	Sch: 1/89 Rpt: 20/109	2	Campos, Elizabeth (The Honorable)			3	00084192
4	Date	5	Payee name				
	02/21/2023		7- Eleven				
6	\$35.32 403 Fair Avenue						
_	51155005		San Antonio, TX 78223				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<sub>e)</sub> (b			de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office	e sough	t		Office held
	Date		Payee name				
	03/10/2023		7- Eleven				
	Amount (\$)		Payee address; City; State; Zip	ip Code	!		
	\$40.00		403 Fair Avenue San Antonio, TX 78223				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	e) (b			de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Office	e sough	t		Office held
	Date		Payee name				
	04/20/2023		7- Eleven				
	Amount (\$) \$40.08		Payee address; City; State; Zip 408 W 15th St	ip Code			
			Austin, TX 78701	1			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	e) (b			de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sough	t		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhive           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense	nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 2/89 Rpt: 21/109	Campos, Elizabeth (The Honorable)	00084192				
4	Date 02/12/2023	Payee name 7-Eleven					
6	Amount (\$) \$23.76	Payee address; City; State; Zip Code 403 Fair Avenue San Antonio, TX 78223					
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (the Transportation Equipment & Related Expense	<ul> <li>Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Gas</li> </ul>				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t Office held				
	Date	Payee name					
	04/11/2023	AT&T Bill					
	Amount (\$) \$89.37	Payee address; City; State; Zip Code 208 S Akard Street Dallas, TX 75205					
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Phone internet				
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t Office held				
	Date	Payee name					
	05/12/2023	AT&T Bill					
	Amount (\$) \$54.15	Payee address; City; State; Zip Code 208 S Akard Street					
		Dallas, TX 75205					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (the Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Phone internet				
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	, kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 3/89 Rpt: 22/109		Campos, Elizabeth (The Honorable)				00084192	
4	Date 06/10/2023	5	Payee name AT&T Bill					
6	Amount (\$) \$55.53	7	Payee address; City; State 208 S Akard Street Dallas, TX 75205	; Zip Co	de			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	nedule)			de of Texas. Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name (	Office sou	ght		Office held	
	Date		Payee name					
	06/15/2023		AT&T Bill					
	Amount (\$) \$1,000.00		208 S Akard Street	; Zip Co	de			
	PURPOSE OF EXPENDITURE	(a)	Dallas, TX 75205 Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	nedule)			de of Texas. Complete Schedule T. . officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name (	Office sou	ght		Office held	
	Date		Payee name					
	06/27/2023		AT&T Bill					
	Amount (\$) \$300.00		Payee address; City; State 208 S Akard Street	; Zip Co	de			
			Dallas, TX 75205	i				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	nedule)			de of Texas. Complete Schedule T. . officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FII FR NAME			·	3	Filer ID	(Ethics Commission Filers)
	Sch: 4/89 Rpt: 23/109		Campos, Elizabeth (The	Honorable)				00084192	
4	Date 01/10/2023		Payee name AT&T						
6	Amount (\$) \$775.31		Payee address; City; 1 Dali Blvd St. Petersburg, FL 3370:		Zip Co	le			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed Office Overhead/Rental		edule)		n, TX,	de of Texas. Com , officeholder living <b>ernet</b>	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Office sou	ht		Office he	eld
	Date		Payee name						
	03/04/2023		AT&T						
	Amount (\$) \$238.92		Payee address; City; 1 Dali Blvd St. Petersburg, FL 33702		Zip Co	le			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed Office Overhead/Rental	at the top of this sch	edule)			de of Texas. Com , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Office sou	ht		Office he	eld
	Date		Payee name						
	03/04/2023		AT&T						
	Amount (\$) \$238.92		Payee address; City; 1 Dali Blvd	State;	; Zip Co	le			
			St. Petersburg, FL 33702						
	PURPOSE OF EXPENDITURE		Category (See Categories listed Office Overhead/Rental		edule)			de of Texas. Com , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Dffice sou	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transp           Food/Beverage Expense         Polling Expense         Travel           y -         Gift/Awards/Memorials Expense         Printing Expense         Travel				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 5/89 Rpt: 24/109		Campos, Elizabeth (The Honorable)				00084192
4	Date 03/20/2023		Payee name AT&T				
6	Amount (\$) \$43.23		Payee address; City; State; 2 8345 Agora Pkwy Selma, TX 78154	Zip Cod	e		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Office Overhead/Rental Expense	ule) (			de of Texas. Complete Schedule T. officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice soug	ht		Office held
	Date		Payee name				
	03/20/2023		AT&T				
	Amount (\$) \$74.25		Payee address; City; State; 2 8347 Agora Pkwy Selma, TX 78154	Zip Cod	e		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Office Overhead/Rental Expense	ule) (			de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice soug	ht		Office held
	Date		Payee name				
	03/20/2023		AT&T				
	Amount (\$) \$221.41		Payee address; City; State; 2 8346 Agora Pkwy	Zip Cod	e		
			Selma, TX 78154				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Office Overhead/Rental Expense	ule) (			de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	ice soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 6/89 Rpt: 25/109		Campos, Elizabeth (The Honorable)				00084192
4	Date	5	Payee name				
	04/29/2023		AT&T				
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de		
	\$500.00		4331 Communications Dr				
			Dallas, TX 75211				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	bodulo)	(b) Description		
-	OF		Office Overhead/Rental Expense	ineuule)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE						officeholder living expense
					Office Phone	int	ernet
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held
	Date		Payee name				
	02/18/2023		Aleksander Same Day Framing				
	Amount (\$)		Payee address; City; State	e; Zip Co	de		
	\$441.66		1803 Northridge Dr				
			Austin, TX 78723				
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T.
					Office Suppli		officeholder living expense
						00	
	Complete ONLY if direct		andidate/Officeholder name	Office sou	aht		Office held
	expenditure to benefit C/Oł				gin		
-	Data	<u> </u>					
	Date 01/24/2023		Payee name Amazon Music				
				7. 0			
	Amount (\$)			e; Zip Co	de		
	\$17.31		440 Terry Ave				
			o				
			Seattle, WA 98109				
	PURPOSE OF		Category (See Categories listed at the top of this sc	hedule)	(b) Description		
	EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T. officeholder living expense
					Office Suppli		uncenduer living expense
					Chies Suppli		
-	Complete ONLY if direct	L	andidate/Officeholder name	Office sou	aht		Office held
	expenditure to benefit C/OI			Chice Sou	Aur		
-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 7/89 Rpt: 26/109		Campos, Elizabeth (The I	Honorable)				00084192
4	Date	5	Payee name					
	01/25/2023		Amazon Prime Video					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Cod	е		
	\$4.32		440 Terry Ave					
			Seattle, WA 98109					
8	PURPOSE OF	(a)	Category (See Categories listed a		edule)	b) Description		
	EXPENDITURE		Office Overhead/Rental E	xpense				ide of Texas. Complete Schedule T. , officeholder living expense
						Office Suppli		, onceroider ining expense
							00	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Dffice soug	ht		Office held
	Date		Payee name					
	01/05/2023		Amazon					
	Amount (\$)		Payee address; City;	State;	; Zip Cod	e		
	\$11.90		440 Terry Ave					
			,					
			Seattle, WA 98109					
	PURPOSE	(a)	Category (See Categories listed a	at the top of this sch	edule) (	b) Description		
	OF EXPENDITURE		Office Overhead/Rental E	xpense				ide of Texas. Complete Schedule T.
						Office Suppli		, officeholder living expense
						Once Suppli	62	
	Complete ONLY if direct		andidate/Officeholder name		Office soug	ht		Office held
	expenditure to benefit C/OI				onioe ooug			
	Date		Payee name					
	01/05/2023		Amazon					
	Amount (\$)		Payee address; City;	State	; Zip Cod	۹		
	\$223.87		440 Terry Ave	Olalo,	, בוף סטט	0		
	\$220.01		440 Telly / We					
			Seattle, WA 98109					
	PURPOSE OF		Category (See Categories listed		edule)	b) Description		
	EXPENDITURE		Office Overhead/Rental E	xpense				ide of Texas. Complete Schedule T. , officeholder living expense
						Office Suppli		, uncertoider hving expense
-	Complete ONLY if direct	<u></u>	andidate/Officeholder name	<u>с</u>	Office soug	ht		Office held
	expenditure to benefit C/Oł							
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	<b>3</b> Filer ID (Ethics Commission Filers)				
T	Sch: 8/89 Rpt: 27/109	Campos, Elizabeth (The Honorable)	00084192				
4	Date 01/05/2023	5 Payee name Amazon					
6	Amount (\$) \$337.84	7 Payee address; City; State; Zip Code 440 Terry Ave Seattle, WA 98109					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense BS				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/07/2023	Amazon					
	Amount (\$) \$43.20	Payee address; City; State; Zip Code 440 Terry Ave Seattle, WA 98109					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense 2 <b>S</b>				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/09/2023	Amazon					
	Amount (\$) \$11.80	Payee address; City; State; Zip Code 440 Terry Ave					
		Seattle, WA 95014					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense <b>2S</b>				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 9/89 Rpt: 28/109	Campos, Elizabeth (The Honorable)	00084192				
4	Date 01/10/2023	5 Payee name Amazon					
6	Amount (\$) \$21.54	7 Payee address; City; State; Zip Code 440 Terry Ave Seattle, WA 98109					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense S				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/10/2023	Amazon					
	Amount (\$) \$24.89	Payee address; City; State; Zip Code 440 Terry Ave					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense S				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/10/2023	Amazon					
	Amount (\$) \$97.40	Payee address; City; State; Zip Code 440 Terry Ave					
		Seattle, WA 98109					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense S				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       By -     Gift/Awards/Memorials Expense       Legal Services     Salaries/Wages/Contract Labor   The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 10/89 Rpt:		Campos, Elizabeth (The Hono	rable)				00084192
4	Date	5	Payee name					
	01/11/2023		Amazon					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le		
	\$54.11		440 Terry Ave					
			Seattle, WA 98109					
8	PURPOSE	(a)	Category (See Categories listed at the to	n of this sch	edule)	(b) Description		
			Office Overhead/Rental Expen		icuaic)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		•					, officeholder living expense
						Office Suppli	es	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held
	Date		Payee name					
	01/29/2023		Amazon					
	Amount (\$)		Payee address; City;	State;	; Zip Co	le		
	\$20.53		440 Terry Ave					
			Seattle, WA 98109					
	PURPOSE	(a)	Category (See Categories listed at the to	n of this sch	edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expen		,	Check if travel	outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE							, officeholder living expense
						Office Suppli	es	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held
	Date		Payee name					
	01/29/2023		Amazon					
	Amount (\$)	I	Payee address; City;	State;	; Zip Coo	le		
	\$47.60		440 Terry Ave					
			Seattle, WA 98109					
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expen	ise				ide of Texas. Complete Schedule T.
	_/							, officeholder living expense
						Office Suppli	62	
_	Complete ONL V if direct	Ļ	andidato/Officabelder name		Office cour	bt		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	i i i		Once neid

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transpor           Food/Beverage Expense         Polling Expense         Travel in           y -         Gift/Awards/Memorials Expense         Printing Expense         Travel O			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	· · ·			3	Filer ID (Ethics Commission Filers)
-	Sch: 11/89 Rpt:		Campos, Elizabeth (The Honorable)			ľ	00084192
4	Date 02/09/2023		Payee name Amazon				
6	Amount (\$) \$48.12		Payee address; City; State; 440 Terry Ave Seattle, WA 98109	Zip Co	le		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held
	Date		Payee name				
	01/27/2023		Amazon				
	Amount (\$) \$48.70		Payee address; City; State; 440 Terry Ave Seattle, WA 98109	Zip Coo	le		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held
	Date		Payee name				
	01/22/2023		Apple				
	Amount (\$) \$9.99		Payee address; City; State; 1 Apple Park Way	Zip Co	le		
			Cupertino, CA 95014				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C	Dffice sou	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 12/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192				
4	Date 02/18/2023	Payee name Apple					
6	Amount (\$) \$7.57	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/22/2023	Apple					
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/14/2023	Apple					
	Amount (\$) \$4.32	Payee address; City; State; Zip Code 1 Apple Park Way					
		Cupertino, CA 95014					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transportation Equipment &           Food/Beverage Expense         Polling Expense         Travel in District           / -         Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 13/89 Rpt:		Campos, Elizabeth (The Honorable)				00084192
4	Date	5	Payee name				
	03/18/2023		Apple				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$7.57		1 Apple Park Way				
			Cupertino, CA 95014				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense	,		outsi	de of Texas. Complete Schedule T.
	EXPENDITORE					I, TX	officeholder living expense
					Monthly Fee		
_							
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	int		Office held
	Date		Payee name				
	03/22/2023		Apple				
	Amount (\$)			Zip Co	le		
	\$9.99		1 Apple Park Way	2.10 000			
	\$0.00						
			Cupertino, CA 95014				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T. officeholder living expense
					Monthly Fee	I, I X,	onicenoider living expense
					wonany r ee		
_	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ıht		Office held
	expenditure to benefit C/OI						
-	Date		Payee name				
	04/18/2023		Apple				
	Amount (\$)			Zip Co	10		
	\$7.57		1 Apple Park Way	210 000			
	¢1.01						
			Cupertino, CA 95014				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T.
						ι, TΧ,	officeholder living expense
					Monthly Fee		
_	Complete ONU V Stallaget	L	Condidate/Office/setators	)ffine c = :	.bt		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jrit		Office held
_							

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 14/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192				
4	Date 04/22/2023	Payee name Apple					
6	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/18/2023	Apple					
	Amount (\$) \$7.57	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/22/2023	Apple					
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1 Apple Park Way					
		Cupertino, CA 95014					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)				
T	Sch: 15/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192				
4	Date	5 Payee name					
	06/14/2023	Apple					
6	Amount (\$) \$5.32	7 Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/17/2023	Apple					
	Amount (\$) \$7.57	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/21/2023	Apple					
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1 Apple Park Way					
		Cupertino, CA 95014					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense L Fees C Food/Beverage Expense F y - Gift/Awards/Memorials Expense F		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)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 16/89 Rpt:		Campos, Elizabeth (The Honorabl	le)				00084192		
4	Date	5	Payee name				I			
	06/01/2023		Avery, Teri							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$527.00		1100 Congress							
			Austin, TX 78701							
8	PURPOSE OF		Category (See Categories listed at the top of t	his scheo	dule)	b) Description				
EXPENDITURE Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete s					•					
						Chair Click C				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Of	ffice soug	ht		Office held		
	Date		Payee name							
	03/27/2023		Bird Bakery							
	Amount (\$)		Payee address; City; S	State;	Zip Coc	e				
	\$44.14 5912 Broadway,									
		<u> </u>	San Antonio, TX 78209							
PURPOSE OF		<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> </ul>								
EXPENDITURE			Food/Beverage Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense							
			Campaign Food/Beverage							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held		
	Date		Payee name							
06/09/2023			Black Bear Diner							
Amount (\$)			Payee address; City; State; Zip Code							
	\$55.03 2707 SE Military Dr									
San Antonio, TX 78223										
	PURPOSE OF		Category (See Categories listed at the top of t	his scheo	dule)	b) Description	·	de ef Teures, Complete Schedule T		
	EXPENDITURE	Food/Beverage Expense				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
						Campaign Fo				
								-		
	Complete ONLY if direct		andidate/Officeholder name	Of	ffice soug	ht		Office held		
expenditure to benefit C/OH										

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 17/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192						
4	Date 03/13/2023	5 Payee name							
_		Bobbie's Cafe							
6	Amount (\$) \$70.23	7 Payee address; City; State; Zip Code 6728 S Flores St							
		San Antonio, TX 78221							
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Food/Beverage</li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/24/2023 Bobbie's Cafe								
	Amount (\$)	t (\$) Payee address; City; State; Zip Code							
	\$85.01	6728 S Flores St San Antonio, TX 78221							
PURPOSE OF EXPENDITURE		Check if Austin,	tion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense ign Food/Beverage						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/13/2023	Bobbie's Cafe							
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$44.93     6728 S Flores St								
	San Antonio, TX 78221								
PURPOSE OF EXPENDITURE			outside of Texas. Complete Schedule T. TX, officeholder living expense Od/Beverage						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transpoi Food/Beverage Expense Polling Expense Travel in g- Gift/Awards/Memorials Expense Printing Expense Travel O						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME 3 F						Filer ID (Ethics Commission Filers)				
	Sch: 18/89 Rpt:		Campos, Elizabeth (The Honorable) 00084192									
4	Date 03/16/2023	5	Payee name Brand & Stitch									
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip	p Coc	le						
	\$2,221.56 10221 Desert Sands											
			San Antonio, TX 78216									
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	) (	<b>b)</b> Description						
	OF EXPENDITURE		Printing Expense					de of Texas. Complete Schedule T.				
								officeholder living expense				
						Campaign M	erc	11				
_				~ "								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	ht		Office held				
	Date		Payee name									
	02/09/2023		Brothers									
	Amount (\$)		Payee address; City; Sta	ate; Zip	p Coc	le						
	\$12.36		318 East 5th Street									
			Austin, TX 78701									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	) (	b) Description						
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.				
							Check if Austin, TX, officeholder living expense mpaign Food/Beverage					
						Gampaight	500	Develage				
_	Complete ONLY if direct		Candidate/Officeholder name	Office	e soug	ht		Office held				
	expenditure to benefit C/OI			Onice	souy	in a second s		Office field				
		_										
	Date		Payee name									
	01/23/2023		Campos, Elizabeth									
	Amount (\$)		Payee address; City; Sta	ate; Zip	p Coc	le						
	\$602.35		1028 Rigsby									
			San Antonio, TX 78210									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	) (	b) Description						
	EXPENDITURE		Loan Repayment/Reimbursement					de of Texas. Complete Schedule T.				
						Reimbursem		officeholder living expense				
						Keimburgem	ont					
_	Complete ONLY if direct	Ļ	Candidato/Officabolder name	Office		ht		Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Unice	e soug	in in		Office field				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Distri	upment & Related Expense		
1	Total pages Schedule F1:	FILER N	AME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 19/89 Rpt:	Campos, Elizabeth (The Honorable) 00084192									
4	Date 02/07/2023	Payee na Campos									
6	Amount (\$) \$100.00	Payee ac 1037 Ri San Ant		State;	Zip Coo	le					
8	PURPOSE OF EXPENDITURE		(See Categories listed at the /Wages/Contract Lab		edule)		ı, TX	ide of Texas. Comple , officeholder living e			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	0	Office souç	ht		Office held	d		
	Date	Payee na	ıme								
	01/04/2023	Campos	, Joe								
	Amount (\$)	Payee ad	ldress; City;	State;	Zip Co	le					
	\$1,500.00	1035 Ri San Ant	gsby onio, TX 78210								
	PURPOSE OF EXPENDITURE		(See Categories listed at the /Wages/Contract Lab		edule)		ı, TX	ide of Texas. Comple , officeholder living e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	0	)ffice souç	ht		Office held	d		
	Date	Payee na	.me								
	05/20/2023	Campos	, Joe								
	Amount (\$) \$700.00	Payee ac 1035 Ri		State;	Zip Coo	le					
		San Ant	onio, TX 78210		i						
	PURPOSE OF EXPENDITURE		(See Categories listed at the /Wages/Contract Lab		edule)		ı, TX	ide of Texas. Comple , officeholder living e			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate	/Officeholder name	0	Office soug	ht		Office held	d		

			EXPENDIT	JRE CATEGO	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 20/89 Rpt:		oos, Elizabeth (The	Honorable)				00084192	``````````````````````````````````````
4	Date 01/19/2023	Payee Camp	name oos, Joe						
6	Amount (\$)	7 Payee	address; City;	State	; Zip Co	le			
	\$1,000.00	1035	Rigsby		, _,				
_	DUDDOCE					(h) =			
8	PURPOSE OF EXPENDITURE		ory (See Categories listed		nedule)		η, TX,	ide of Texas. Com , officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	C	Office sou	Jht		Office he	eld
	Date	Payee	name						
	02/22/2023	Cam	oos, Joe						
	Amount (\$)	Payee	address; City;	State	; Zip Co	le			
	\$200.00		Rigsby Antonio, TX 78210						
	PURPOSE OF EXPENDITURE		ory (See Categories listed ies/Wages/Contract		iedule)		η, TX,	ide of Texas. Com , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	C	Office sou	Jht		Office he	eld
	Date	Payee	name						
	06/09/2023	Cam	oos, Joe						
	Amount (\$) \$500.00		address; City; Rigsby	State	; Zip Co	le			
		San A	Antonio, TX 78210						
	PURPOSE OF EXPENDITURE		Ory (See Categories listed ies/Wages/Contract		nedule)		η, TX,	ide of Texas. Com , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	(	Dffice sou	ıht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)				
	Sch: 21/89 Rpt:		Campos, Elizabeth (The Honorable)				00084192				
4	Date 01/23/2023		Payee name Carriqui								
6	Amount (\$) \$66.67	7 Payee address;       City;       State; Zip Code         239 E Grayson St       San Antonio, TX 78215									
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Image: Check if Check if Check if Check if Check if Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         Campaign Food/Beverage       Campaign Food/Beverage										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office souç	ht		Office held				
	Date		Payee name								
	05/13/2023		Castro's Flower Shop								
	Amount (\$) \$86.13		Payee address; City; State; 2101 Horne Rd Corpus Christi, TX 78416	Zip Coo	le						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held				
	Date		Payee name								
	01/09/2023		Chick-Fil-A								
	Amount (\$) \$32.28		Payee address;City;State;4110 S New Braunfels Avenue	Zip Coo	le						
			San Antonio, TX 78223								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense /Beverage				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	· · · ·	<b>3</b> Filer ID (Ethics Commission Filers)								
-	Sch: 22/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192								
4	Date 01/09/2023	Payee name Circle K									
6	Amount (\$) \$24.38	7 Payee address;       City;       State;       Zip Code         \$24.38       9676 Westover Hills Blvd         San Antonio, TX 78251									
8	8       PURPOSE OF EXPENDITURE       (a) Category       (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense Gas       Gas										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held								
	Date 01/15/2023	Payee name Circle K									
_											
	Amount (\$) \$35.09	Payee address; City; State; Zip Code 9676 Westover Hills Blvd San Antonio, TX 78251									
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Transportation Equipment &amp; Related Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Gas</li> </ul> </li> </ul>									
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/24/2023	Circle K									
	Amount (\$) \$34.26	Payee address; City; State; Zip Code 9676 Westover Hills Blvd									
		San Antonio, TX 78251									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)		
	Sch: 23/89 Rpt:	Campos, E	Elizabeth (The Hond	orable)				00084192			
4	Date 02/07/2023	Payee name Circle K	9								
6	6 Amount (\$) \$44.14 \$44.14 San Antonio, TX 78251 7 Payee address; City; State; Zip Code 9676 Westover Hills Blvd										
8	PURPOSE OF EXPENDITURE		See Categories listed at the ta tion Equipment & F		edule)			de of Texas. Com , officeholder living			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Of	ficeholder name	0	office soug	ht		Office h	eld		
	Date	Payee name	9								
	02/17/2023	Circle K									
	Amount (\$) \$21.94		ess; City; w Braunfels Ave io, TX 78210	State;	Zip Coo	le					
	PURPOSE OF EXPENDITURE		See Categories listed at the tr tion Equipment & F		edule)			de of Texas. Com , officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Of	ficeholder name	0	office soug	ht		Office h	eld		
	Date	Payee name	<u> </u>								
	02/20/2023	Circle K									
	Amount (\$) \$20.00	Payee addro 1901 S Ne	ess; City; w Braunfels Ave	State;	Zip Coo	le					
		San Anton	io, TX 78210								
	PURPOSE OF		See Categories listed at the te		edule)	<b>b)</b> Description	o	de ef Teurs C	alata Cabadula T		
	EXPENDITURE	Transporta Expense	tion Equipment & F	Related				de of Texas. Com	plete Schedule T. 9 expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Of	ficeholder name	0	office soug	ht		Office h	eld		
					_						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/Awards/Memorials Expense     Printing Expense       mmittee     Legal Services     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)								
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)								
-	Sch: 24/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192								
4	Date 02/24/2023	Payee name Circle K									
6	Amount (\$) \$44.33										
8	8       PURPOSE OF EXPENDITURE       (a) Category       (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Gas										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date 02/26/2023	Payee name Circle K									
	Amount (\$) \$41.42	Payee address; City; State; Zip Code 9676 Westover Hills Blvd San Antonio, TX 78251									
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Transportation Equipment &amp; Related Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</li> <li>Gas</li> </ul>									
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	03/05/2023	Circle K									
	Amount (\$) \$35.89	Payee address;     City;     State;     Zip     Code       9676 Westover Hills Blvd									
		San Antonio, TX 78251									
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	· · · · ·			2	Filer ID (Ethics Commission Filers)			
1	Sch: 25/89 Rpt:	2	Campos, Elizabeth (The Honorable)				00084192			
4	Date	5	Payee name							
	03/31/2023		Circle K							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$43.37		9676 Westover Hills Blvd							
San Antonio, TX 78251										
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related	,		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITORE		Expense			I, TX	, officeholder living expense			
					Gas					
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held			
	Date		Payee name							
	04/16/2023		Circle K							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$5.41		1902 S New Braunfels Ave							
			San Antonio, TX 78210							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related			eck if travel outside of Texas. Complete Schedule T.				
			Expense			Gas				
					Gas					
			Condidate /Office helder recent							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	jni		Office held			
		_								
	Date		Payee name							
	04/16/2023		Circle K							
	Amount (\$)			Zip Co	de					
	\$33.79		1901 S New Braunfels Ave							
			San Antonio, TX 78210							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T. , officeholder living expense			
			Expense		Gas	I, IA,	, unicendider living expense			
				045						
	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name O	office sou	nht		Office held			
	expenditure to benefit C/Oł				g					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 26/89 Rpt:		Campos, Elizabeth (The Honorable)				00084192			
4	Date	5	Payee name							
	05/01/2023		Circle K							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$36.78		3659 E Commerce St							
			San Antonio, TX 78220							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T.			
			Expense		Gas	I, IX,	, officeholder living expense			
					Cus					
9	Complete ONLY if direct		Candidate/Officeholder name C	Dffice sou	iht		Office held			
-	expenditure to benefit C/OF									
_	Date		Payee name							
	05/15/2023		Circle K							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$40.01		9676 Westover Hills Blvd							
			San Antonio, TX 78251							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Transportation Equipment & Related Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
			Expense		Gas					
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	Jht		Office held			
	expenditure to benefit C/OI	H								
	Date		Payee name							
	05/23/2023		Circle K							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$43.17		1805 lh-10 W							
			Seguin, TX 78155							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T.			
			Expense		Gas	I, TX,	, officeholder living expense			
					003					
	Complete ONLY if direct	L	Candidate/Officeholder name C	Office sou	ıht		Office held			
	expenditure to benefit C/OF				. ~					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 27/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192							
4	Date 06/06/2023	Payee name Circle K								
6	Amount (\$) \$48.14	Payee address;       City;       State;       Zip Code         6910 S Flores St       San Antonio, TX 78214								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/19/2023	Circle K								
	Amount (\$) \$36.15	Payee address; City; State; Zip Code 6910 S Flores St San Antonio, TX 78214								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/24/2023	Circle K								
	Amount (\$) \$34.83	Payee address;City;State;Zip Code6910 S Flores St								
		San Antonio, TX 78214								
	PURPOSE OF	<ul> <li>b) Category (See Categories listed at the top of this schedule)</li> <li>c) Transportation Equipment &amp; Related</li> <li>c) Check if travel ou</li> </ul>	utside of Texas. Complete Schedule T.							
	EXPENDITURE		TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens ttee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense			
1	Total pages Schedule F1:	2 FI		NAME			3	Filer ID	(Ethics Commission Filers)			
	Sch: 28/89 Rpt:		Campos, Elizabeth (The Honorable) 00084192									
4	Date 03/01/2023		ayee name ty Park									
6	Amount (\$) \$20.00	10	ayee address; City; )0-126 West 7th St ustin, TX 78701	State;	Zip Coo	e						
8	PURPOSE OF EXPENDITURE	TI	ategory (See Categories listed at the top of ansportation Equipment & Rela kpense		edule)			de of Texas. Comp officeholder living				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	Office soug	ht		Office he	ld			
	Date	Pa	Payee name									
	06/18/2023	С	onstant Contact									
	Amount (\$) \$201.54	10	ayee address; City; 601 Trapelo Road 'altham, MA 24510	State;	Zip Coo	e						
	PURPOSE OF EXPENDITURE	<b>(a)</b> Ca	ategory (See Categories listed at the top of ffice Overhead/Rental Expense		edule)			de of Texas. Comp officeholder living				
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	Office soug	ht		Office he	ld			
	Date	Pa	ayee name									
	01/02/2023	С	ort Furniture									
	Amount (\$) \$747.92		ayee address; City; 5000 Conference Center Dr.	State;	Zip Coo	e						
		С	hantilly, VA 20151									
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of avel Out of District	f this sche	edule)	b) Description	ı, ТХ,					
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	Office soug	ht		Office he	ld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide expla	Office Polling Printin Salarie	Overh Expe g Exp es/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 29/89 Rpt:		Campos, Elizabeth (The Honorable	)				00084192				
4	Date	5	Payee name				I					
	02/04/2023		Cort Furniture									
6	Amount (\$)	7	Payee address; City; St	ate; Zip	Cod	е						
	\$601.35		15000 Conference Center Dr.									
			Chantilly, VA 20151									
8	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(	b) Description						
	OF EXPENDITURE		Travel Out of District	,		Check if travel		ide of Texas. Complete Schedule T.				
	EXPENDITORE							, officeholder living expense				
						Furniture Re	ntal					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ougl	nt		Office held				
_	Data	<u> </u>										
	Date		Payee name									
	03/04/2023		Cort Furniture									
	Amount (\$)		Payee address; City; St	ate; Zip	Cod	е						
	\$601.35		15000 Conference Center Dr.									
			Chantilly, VA 20151									
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(	b) Description						
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.				
						Furniture Re		, officeholder living expense				
						Furniture Re	παι					
	Complete ONLY if direct		Candidate/Officeholder name	Office s		at		Office held				
	expenditure to benefit C/Oł			Office 3	ougi	it.						
_	Date											
	04/06/2023		Payee name Cort Furniture									
						-						
	Amount (\$)			ate; Zip	Cou	е						
	\$601.00		15000 Conference Center Dr.									
			Chantilly, VA 20151									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(	b) Description						
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T. , officeholder living expense				
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	Office s		nt		Office held				
	expenditure to benefit C/Oł			Child S	Jugi							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Offi Poll Prin Sala	ice Over ling Exp nting Exp aries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 30/89 Rpt:		Campos, Elizabeth (The Honorable) 00084192									
4	Date	5	Payee name									
	06/11/2023		Cort Furniture									
6	Amount (\$)	7	Payee address; City; Sta	ate; Zij	p Coc	е						
	\$1,202.70		15000 Conference Center Dr.									
	Chantilly, VA 20151											
•	DUDDOSE		-			b) Description						
8	PURPOSE OF		Category (See Categories listed at the top of this Travel Out of District	schedule)	) [	b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Travel Out of District					, officeholder living expense				
						Furniture Re	ntal	l				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office	e soug	ht		Office held				
	Date		Payee name									
	04/29/2023		Cortez Liquid									
	Amount (\$)		Payee address; City; Sta	ate; Zij	p Coc	e						
	\$232.74		19540 US Hwy 281									
			San Antonio, TX 78258									
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	) (	b) Description						
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T. , officeholder living expense				
						Waste Dispo						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office	e soug	ht		Office held				
		-										
	Date	I	Payee name									
	02/17/2023		Crane, Samantha									
	Amount (\$)			ate; Zij	p Coc	e						
	\$50.00		1003 Mount Rainer									
			San Antonio, TX 78213									
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	) (	b) Description						
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.				
	_/					Reimbursem		, officeholder living expense				
						Reinibulselli	ent					
	Complete ONU V if direct	Ľ	andidate/Officeholder asma	0#1		ht		Office hold				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	UITICE	e soug	IIL		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nittee Legal Services	e Expense emorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	ILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 31/89 Rpt:		Campos, Elizabeth (T	he Honorable)				00084192		
4	Date 02/17/2023		<sup>p</sup> ayee name Crane, Samantha							
6	Amount (\$)	7	Payee address; City	; State;	; Zip Co	le				
	\$57.00 1003 Mount Rainer San Antonio, TX 78213									
•	DUDDOSE	<u> </u>								
8	PURPOSE OF EXPENDITURE		Category (See Categories li Office Overhead/Rent		edule)		ı, ТХ,	de of Texas. Comp officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	me C	Office sou	ht		Office he	ld	
	Date		Payee name							
	06/27/2023	(	Cricket							
	Amount (\$) \$484.62	:	Payee address; City 3520 S New Braunfels	s Ave	; Zip Coo	le				
			San Antonio, TX 7822	3						
	PURPOSE OF EXPENDITURE		Category (See Categories li Office Overhead/Rent		edule)		ı, TX,	de of Texas. Comp officeholder living ernet Service	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	me C	Dffice sou	ht		Office he	eld	
-	Date		Payee name							
	05/31/2023		Delagarza, Abel							
	Amount (\$) \$500.00	I	Payee address; City 24222 Artisan Gate	; State;	; Zip Coo	le				
		:	San Antonio, TX 7826	0						
	PURPOSE OF EXPENDITURE		Category <sub>(See Categories li</sub> Salaries/Wages/Contr		edule)		ı, ТХ,	de of Texas. Comp officeholder living e Bonus		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	me C	Dffice sou	ht		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	iittee Legal Ser	erage Expense ds/Memorials Expense	Office Overhe Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:					3	Filer ID (Ethics Commission Filers)			
	Sch: 32/89 Rpt:		(The Honorable)				00084192			
4	Date 01/12/2023	ayee name Denham, Norma								
6	Amount (\$)       7       Payee address;       City;       State;       Zip Code         \$660.00       P.O. Box 8       San Antonio, TX 78246       San Antonio, TX 78246									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense       (b) Description         Image: Check if Lawel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Work										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholde	r name C	Office sough	t		Office held			
	Date	ayee name								
	01/04/2023	ollar General								
	Amount (\$) \$133.31	ayee address; 14 Goliad Rd an Antonio, TX 7		; Zip Code						
	PURPOSE OF EXPENDITURE	ategory <sub>(See Catego</sub> ) office Overhead/R	ries listed at the top of this sch ental Expense	edule) (k		n, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholde	r name C	Dffice sough	t		Office held			
	Date	ayee name								
	02/08/2023	oordash								
	Amount (\$) \$31.25	ayee address; 03 2nd St.	City; State;	; Zip Code						
		an Francisco, CA	94107							
	PURPOSE OF EXPENDITURE	ategory <sub>(See Catego</sub> ood/Beverage Ex	ies listed at the top of this sch pense	<sub>ledule)</sub> (k		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense Beverage			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholde	r name C	Office sough	t		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	C F S	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 33/89 Rpt:		Campos, Elizabeth (The Honorable	)				00084192		
4	Date 03/03/2023		Payee name Doordash							
6	Amount (\$) \$86.97		Payee address; City; Si 303 2nd St. San Francisco, CA 94107	ate;	Zip Coc	e				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of thi Food/Beverage Expense	s schedı	ule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense <b>/Beverage</b>		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	ice soug	ht		Office held		
	Date		Payee name							
	03/30/2023		Doordash							
	Amount (\$) \$61.52		Payee address; City; Si 303 2nd Street	ate;	Zip Coo	е				
			San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of thi Food/Beverage Expense	s schedı	ule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense /Beverage		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	ice soug	ht		Office held		
	Date		Payee name							
	04/08/2023		Doordash							
	Amount (\$) \$99.31		Payee address; City; Si 303 2nd St.	ate;	Zip Coo	е				
			San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of thi Food/Beverage Expense	s schedı	ule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense /Beverage		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	ice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemer Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	ILER NAME 3 Filer ID (Ethics Commission F								
	Sch: 34/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192							
4	Date 05/06/2023	Payee name Doordash								
6	6 Amount (\$)       7 Payee address; City; State; Zip Code         \$158.74       303 2nd St.         San Francisco, CA 94107									
8	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Food/Beverage							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/16/2023	Doordash								
	Amount (\$) \$16.96	Payee address; City; State; Zip Code 303 2nd St.								
	PURPOSE	San Francisco, CA 94107 Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Food/Beverage Expense       Check if training         Check if Au       Check if Au	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Food/Beverage							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/28/2023	Doordash								
	Amount (\$) \$193.02	Payee address;     City;     State;     Zip     Code       303 2nd St.     State;     State;     State;     State;     State;								
		San Francisco, CA 94107								
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Food/Beverage							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/V	erhea cpense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 35/89 Rpt:		Campos, Elizabeth (The Honorable)					00084192			
4	Date	5	Payee name								
	02/26/2023										
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode						
	\$12.78		185 Berry St.								
			Ste. 400								
			San Francisco, CA 94107								
8	PURPOSE	(a)			(h)	Description					
Ũ	OF	(,	Category (See Categories listed at the top of this so Office Overhead/Rental Expense	nedule)	()		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense			
						Computers/S	oftv	ware			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght			Office held			
	Date		Payee name								
	03/26/2023		Dropbox								
	Amount (\$)		Payee address; City; State	e; Zip Co	ode						
	\$12.78		185 Berry St.								
			Ste. 400								
			San Francisco, CA 94107								
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description					
	OF EXPENDITURE		Office Overhead/Rental Expense	,				de of Texas. Complete Schedule T.			
								officeholder living expense			
						Computers/S	οπν	ware			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	laht			Office held			
	expenditure to benefit C/OF			Once sou	iyin			Onice neid			
_	Dete	<u> </u>	D								
	Date 02/20/2023		Payee name Eddie V's								
				7:0							
	Amount (\$)			e; Zip Co	bae						
	\$226.88		1834 N Loop 1604								
			San Antonio, TX 78248								
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description					
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.			
	-					Campaign Fo		officeholder living expense			
						Campaign FC	,0u	Develage			
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name	Office sou	unpt			Office held			
	expenditure to benefit C/OF				igilt						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission File	rs)			
	Sch: 36/89 Rpt:		Campos, Elizabeth (The Honorable) 00084192								
4	Date	5	Payee name								
	04/28/2023		Elegant Worldwide								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le						
-	\$1,977.78		5157 Blanco Rd								
			San Antonio, TX 78216								
8	PURPOSE										
ð	OF	(a)	Category (See Categories listed at the top of this sche Transportation Equipment & Related	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Expense				, officeholder living expense				
			P		Event Transp	oort	tation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held				
	Date		Payee name								
	06/28/2023		Face Painting								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$250.00		11130 Lone Shadow Trail								
			Live Oak, TX 78233								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Event Expense	edule)		і, ТХ	ide of Texas. Complete Schedule T. , officeholder living expense ment				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	)ffice sou	ht		Office held				
	Date		Payee name								
	06/26/2023		Facebook								
	Amount (\$)	$\vdash$	Payee address; City; State;	Zip Co	le						
	\$0.99		1601 Willow Road								
			Menlo Park, CA 94025								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	oute	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Office Overhead/Rental Expense				, officeholder living expense				
-	Complete ONLY if direct	L(	Candidate/Officeholder name C	Office sou	lht		Office held	-			
	expenditure to benefit C/OF										
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	FILER NAME	1				3	Filer ID	(Ethics Commission Filers)		
	Sch: 37/89 Rpt:	Campos, El	izabeth (The Hono	rable)				00084192			
4	Date	Payee name	Payee name								
	05/31/2023	Fasken, Piper									
6 Amount (\$) 7 Payee address; City; State; Zip Code											
	\$500.00	5737 Penro	se Avenue								
Dallas, TX 75206											
8	PURPOSE OF		ee Categories listed at the to		edule)	b) Description		da af <b>T</b> aura Oarr			
	EXPENDITURE	Salaries/Wa	ages/Contract Labo	or				de of Texas. Com officeholder living			
						Legislative O					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offi	ceholder name	0	Office soug	ht		Office he	łd		
	Date	Payee name									
	05/26/2023	Fasken, Pip	ber								
	Amount (\$)	Payee addre	ss; City;	State;	Zip Coo	e					
	\$65.00	5737 Penro	se Avenue								
		Dallas, TX									
	PURPOSE OF EXPENDITURE		ee Categories listed at the to ages/Contract Labo		edule)			de of Texas. Com			
						Social Media		officeholder living	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offi	ceholder name	0	Office soug	ht		Office he	ld		
	Date	Payee name									
	05/19/2023	Gonzales, A	Analesa								
	Amount (\$)	Payee addre	ss; City;	State;	Zip Coo	e					
	\$130.00	2606 Hiawa	atha								
		San Antonio	o, TX 78210								
PURPOSE     (a) Category     (see Categories listed at the top of this schedule)     (b) Description       OF     Solicitation/Eundraising Expense     Check if travel outside of Texas. Complete Schedule T.											
	EXPENDITURE	Solicitation/	Fundraising Expen	ise			ı, ТХ,	officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offi	ceholder name	0	Office soug	ht		Office he	ld		
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transportation Equipment & Re           Food/Beverage Expense         Polling Expense         Travel in District           / -         Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District								
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 38/89 Rpt:		Campos, Elizabeth (The Honorable) 00084192							
4	Date 01/09/2023		Payee name Gonzales, Analesa							
6	Amount (\$)	7	Payee address; City;	State; Z	ip Cod	е				
	\$1,500.00 2606 Hiawatha San Antonio, TX 78210									
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of t Solicitation/Fundraising Expense	his schedul	le) (		n, TX,	de of Texas. Complete Schedule T. officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	ce soug	nt		Office held		
	Date		Payee name							
	01/03/2023		Google G Suite							
	Amount (\$) \$12.79									
			Mountain View, CA 94043							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of t Office Overhead/Rental Expense	his schedul	le) (		n, TX,	de of Texas. Complete Schedule T. , officeholder living expense <b>NATE</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	ce soug	nt		Office held		
-	Date		Payee name							
	02/03/2023		Google G Suite							
	Amount (\$) \$12.79		Payee address; City; 5 1600 Amphitheatre Pkwy	State; Z	Zip Cod	e				
			Mountain View, CA 94043							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of t Office Overhead/Rental Expense	his schedul	le) (		n, TX,	de of Texas. Complete Schedule T. officeholder living expense NATE		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	ce soug	nt		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ttee Legal Services The Instruction Guide explain	Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	LER NAME			<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 39/89 Rpt:	Campos, Elizabeth (The Honorable) 00084192									
4	Date 03/01/2023	Payee name Google G Suite									
6	Amount (\$)	ayee address; City; Stat	e; Zip Code								
	\$12.79										
•	DUDDOSE		(b)	Description							
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this s ffice Overhead/Rental Expense	chedule) (D)		outside of Texas. Complete Schedule T. , TX, officeholder living expense Software						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name	Office sought		Office held						
	Date	ayee name									
	04/02/2023	oogle G Suite									
	Amount (\$)	ayee address; City; Stat	e; Zip Code								
	\$12.79	00 Amphitheatre Pkwy ountain View, CA 94043									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sifice Overhead/Rental Expense	chedule) (b)		outside of Texas. Complete Schedule T. , TX, officeholder living expense <b>Coftware</b>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name	Office sought		Office held						
	Date	ayee name									
	05/02/2023	oogle G Suite									
	Amount (\$) \$12.79	ayee address; City; Stat 600 Amphitheatre Pkwy	e; Zip Code								
		ountain View, CA 94043									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this soffice Overhead/Rental Expense	chedule) (b)		outside of Texas. Complete Schedule T. , TX, officeholder living expense :oftware						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name	Office sought		Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	office Over nse Polling Ex s Expense Printing E	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	ILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 40/89 Rpt:	Campos, Elizabeth (The Honorable) 00084192								
4	Date 05/02/2023	Payee name Google G Suite								
6 Amount (\$) 7 Payee address; City; State; Zip Code										
	\$12.79 1601 Amphitheatre Pkwy Mountain View, CA 94043									
8	PURPOSE	ategory (See Categories listed at	the ten of this schedule)	(b) Description						
	OF EXPENDITURE	Office Overhead/Rental Ex		Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense Coftware					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held					
	Date	ayee name								
	06/22/2023	Google G Suite								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$10.81	600 Amphitheatre Pkwy Iountain View, CA 94043								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at Office Overhead/Rental Ex			outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held					
	Date	ayee name								
	03/23/2023	Google Peacock								
	Amount (\$) \$5.40	ayee address; City; 600 Amphitheatre Pkwy	State; Zip Co	de						
		1ountain View, CA 94043								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at Office Overhead/Rental Ex			outside of Texas. Complete Schedule T. , TX, officeholder living expense <b>Coftware</b>					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID						Filer ID	(Ethics Commission Filers)	
	Sch: 41/89 Rpt:	Campos, I	Elizabeth (The Hond	orable)				00084192		
4	Date 04/23/2023	Payee nam Google Pe								
6 Amount (\$) 7 Payee address; City; State; Zip Code										
	\$10.81 1600 Amphitheatre Pkwy Mountain View, CA 94043									
8	PURPOSE OF EXPENDITURE		See Categories listed at the t rhead/Rental Expe		dule)		n, TX,	de of Texas. Com officeholder living NARE		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	O	ffice soug	ht		Office he	eld	
	Date	Payee nam	е							
	05/23/2023	Google Pe	acock							
	Amount (\$) \$10.81	Payee addr 1600 Amp	ess; City; hitheatre Pkwy	State;	Zip Coo	е				
	PURPOSE		View, CA 94043	on of this sche	dule)	<b>b)</b> Description				
	OF EXPENDITURE		rhead/Rental Expe				n, TX,	de of Texas. Com officeholder living NARE		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	O	ffice soug	ht		Office he	eld	
F	Date	Payee nam	e							
	03/12/2023	Gordon, A								
	Amount (\$) \$200.00	Payee addr 322 Greer	ess; City; I Meadow Blvd	State;	Zip Coo	e				
		San Anton	io, TX 78213							
	PURPOSE OF EXPENDITURE		See Categories listed at the t /ages/Contract Lab	•	dule)		n, TX,	de of Texas. Com officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	O	ffice soug	ht		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 42/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192								
4	Date 02/01/2023	Payee name Gordon, Amanda									
6	Amount (\$) \$200.00	Payee address; City; State; Zip Code 322 Green Meadow Blvd San Antonio, TX 78213									
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense <b>'Ork</b>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	04/28/2023	Gulf Downtown									
	Amount (\$) \$37.48	Payee address; City; State; Zip Code 717 East 7th St Austin, TX 78701									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense Dod/Beverage								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/01/2023	HEB Online									
	Amount (\$) \$182.96	Payee address;City;State;Zip Code646 S Flores St									
		San Antonio, TX 78204									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense Dod/Beverage								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Exp Transportation Equipment & Travel in District Travel Out of District OTHER (enter a category r	& Related Expense	
1	Total pages Schedule F1:	2					2	Filer ID (Ethics	Commission Filers)	
-	Sch: 43/89 Rpt:	2	Campos, Elizabeth (The Hono	rable)				00084192		
4	Date 02/04/2023	5	Payee name HEB Online							
6	Amount (\$)	7	Payee address; City;	Stato:	Zip Co	do				
ľ	\$70.72	ľ	646 S Flores St	State,	Zip Co	ue				
	ψ10.1Z		040 0 1 10103 01							
			San Antonio, TX 78204							
8	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sch	edule)	(b) Description				
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Sche	dule T.	
						Campaign Fo		, officeholder living expense		
						Campaign Fo	Ju	Develage		
9	Complete ONLY if direct		Candidate/Officeholder name		Office sou	aht		Office held		
ľ	expenditure to benefit C/Oł					jir.		Office field		
	Date									
	02/08/2023		Payee name HEB Online							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$58.10		646 S Flores St							
			San Antonio, TX 78204							
	PURPOSE	(a)	Category (See Categories listed at the to	on of this sch	edule)	(b) Description				
	OF		Food/Beverage Expense		,		outsi	ide of Texas. Complete Sche	dule T.	
	EXPENDITURE							, officeholder living expense		
						Campaign Fo	ood	/Beverage		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office held		
	expenditure to benefit C/O									
	Date		Payee name							
	02/20/2023		HEB Online							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$134.66		646 S Flores St							
			San Antonio, TX 78204							
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sche	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Sche	dule T.	
								, officeholder living expense		
						Campaign Fo	bod	/Beverage		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office held		
	openditore to benefit C/Of	•								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	erhead kpense xpense Wages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 44/89 Rpt:		Campos, Elizabeth (The Honorable)					00084192		
4	Date	5	Payee name							
	04/03/2023		HEB Online							
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode					
	\$110.13		646 S Flores St							
			San Antonio, TX 78204							
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.		
						Campaign Fo		, officeholder living expense		
						Campaignine	.00	Develage		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	l ught			Office held		
	Date		Payee name							
	04/10/2023		HEB Online							
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode					
	\$54.08		646 S Flores St							
			San Antonio, TX 78204							
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						Campaign Fo				
						e camp cagin e				
	Complete ONLY if direct		candidate/Officeholder name	Office sou	l Jght			Office held		
	expenditure to benefit C/OI	Н			C					
	Date		Pavee name							
	06/28/2023		HEB Online							
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode					
	\$203.95		646 S Flores St							
			San Antonio, TX 78204							
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.		
	-					Campaign Fo		, officeholder living expense		
						Campaign FC	.ou	"Develage		
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office sou	l Iaht			Office held		
	expenditure to benefit C/Oł			51100 300	agin					
-										

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 45/89 Rpt:		Campos, Elizabeth (The Honorable)				00084192
4	Date	5	Payee name				
	01/01/2023		HEB				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$198.78		999 E Basse Rd				
			Ste 150				
			San Antonio, TX 78209				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T.
					Campaign Fo		officeholder living expense
					Campaign i	<i>.</i>	Develage
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	)ffice sou	Jht		Office held
	Date		Payee name				
	01/08/2023		HEB				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$316.61		999 E Basse Rd				
			Ste 150				
			San Antonio, TX 78209				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T.
					Campaign Fo		officeholder living expense
					Campaignin		
	Complete ONLY if direct		Candidate/Officeholder name C	)ffice sou	ıht		Office held
	expenditure to benefit C/OI	Н		·			
_	Date		Payee name				
	01/16/2023		HEB				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$125.71		999 E Basse Rd				
			Ste 150				
			San Antonio, TX 78209				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE	Ľ	Food/Beverage Expense	cuuic)	Check if travel		de of Texas. Complete Schedule T.
	EXPENDITORE						officeholder living expense
					Campaign Fo	ood	/Beverage
	Complete ONIL V if direct	Ļ	Candidata/Officabalder name	)ffion com	•bt		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name C	Office sou	jiit		Office held
-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reim       Fees     Office Overhead/Renta       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contra       The Instruction Guide explains how to complete this	I Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ct Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 46/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192							
4	Date 03/11/2023	Payee name HEB								
6	Amount (\$) \$66.50	Payee address; City; State; Zip Code 7901 W HWY 290 Austin, TX 78736								
8	PURPOSE OF EXPENDITURE		rription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense npaign Food/Beverage							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/17/2023	HEB								
	Amount (\$) \$102.04	Payee address; City; State; Zip Code 1901 S New Braunfels Ave San Antonio, TX 78210								
	PURPOSE OF EXPENDITURE		ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense npaign Food/Beverage							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date 03/25/2023	Payee name HEB								
	Amount (\$) \$57.45	Payee address; City; State; Zip Code 999 E Basse Rd Ste 150 San Antonio, TX 78209								
	PURPOSE OF EXPENDITURE		ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense npaign Food/Beverage							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							

			EXPENDITURE CATEGO	RIES FOR	R BO	X 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	erhead/ pense xpense Vages/(	Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 47/89 Rpt:		Campos, Elizabeth (The Honorable)					00084192
4	Date	5	Payee name					
	04/16/2023		HEB					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de			
	\$134.91		999 E Basse Rd					
			Ste 150					
			San Antonio, TX 78209					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense	-	ļ			de of Texas. Complete Schedule T.
					l	Campaign Fo		officeholder living expense
						Campaigni	ou	Develage
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held
	Date		Payee name					
	05/07/2023		HEB					
	Amount (\$)		Payee address; City; State	e; Zip Co	de			
	\$185.73		999 E Basse Rd					
			Ste 150					
			San Antonio, TX 78209					
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense		ļ			de of Texas. Complete Schedule T.
						Campaign Fo		officeholder living expense
						oumpaignito	,ou,	Develage
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght			Office held
	expenditure to benefit C/OF				5			
╞─	Date		Payee name					
	06/29/2023		HEB					
	Amount (\$)		Payee address; City; State	e; Zip Co	de			
	\$35.43		4100 S New Braunfels Ave	-, _,				
			San Antonio, TX 78223					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description	toi	de of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense					officeholder living expense
						 Campaign Fo		
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	Office sou	ght			Office held
	expenditure to benefit C/OI							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 48/89 Rpt:		Campos, Elizabeth (The Honorable)				00084192			
4	Date	5	Payee name			I				
	02/06/2023		HP South Bank Parking Lot							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$25.00		303 E Commerce St.	•						
			San Antonio, TX 78205							
8	PURPOSE	(2)			(b) Description					
ľ	OF	(a)	Category (See Categories listed at the top of this sche Transportation Equipment & Related	edule)	(b) Description Check if travel	outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Expense		Check if Austin	I, TX	, officeholder living expense			
					Parking					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	Office sou	ıht		Office held			
	Date		Payee name							
	02/04/2023		Hill Country Springs							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$67.31		10019 IH 35 South							
			Austin, TX 78747							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense			
					Water for Off	ice				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Jht		Office held			
	Date		Payee name							
	03/03/2023		Hill Country Springs							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$24.82		10019 IH 35 South							
			Austin, TX 78747							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	<b>e</b> 1 - 1	ide of Towar, Complete Ortestide T			
	EXPENDITURE		Office Overhead/Rental Expense			I, TX	ide of Texas. Complete Schedule T. , officeholder living expense			
-	Complete ONLY if direct	L(	Candidate/Officeholder name O	Office sou	ıht		Office held			
	expenditure to benefit C/OI		······································		, -					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 49/89 Rpt:		Campos, Elizabeth (The Honorable)				00084192			
4	Date	5	Payee name							
	04/05/2023		Hill Country Springs							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$64.31		10019 IH 35 South							
			Austin, TX 78747							
8	PURPOSE		Category (See Categories listed at the top of this sche	adula)	(b) Description					
-	OF		Office Overhead/Rental Expense	euule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		P P		Check if Austin	, TX	, officeholder living expense			
					Water for Off	ice				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held			
	Date		Payee name							
	05/03/2023		Hill Country Springs							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$51.82		10019 IH 35 South							
			Austin, TX 78747							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.			
					Water for Off		, officeholder living expense			
						ice				
_	Complete ONLY if direct		Candidate/Officeholder name C	)ffice sou			Office held			
	expenditure to benefit C/OF			nice soui	JIIL		Office field			
_	<b>D</b> :	1								
	Date		Payee name							
	06/03/2023		Hill Country Springs							
	Amount (\$)			Zip Co	de					
	\$59.82		10019 IH 35 South							
			Austin, TX 78747							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.			
	-				Water for Off		, officeholder living expense			
					water for OII	ice				
_	Complete ONIL V if direct	Ľ	Candidate/Officebalder name	)ffico cour	t		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name C	Office sou	jiit		Onice neid			

			EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E	xpense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	ayment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 50/89 Rpt:		Campos, Elizabeth (The Hor	norable)				00084192				
4	Date	5	Payee name									
	06/12/2023		J Alexander's									
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de						
	\$80.76		255 E Basse Rd									
			Ste. 1300									
			San Antonio, TX 78209									
_												
8	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description		. (= 0				
	EXPENDITURE		Food/Beverage Expense					de of Texas. Comp officeholder living				
						Campaign Fo			expense			
						Campaign re	/0u	Develage				
0	Complete ONIL V if direct		Candidata/Officabaldar nama			abt		Office he	ld			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name		Office sou	ynı		Office he	au			
	Date		Payee name									
	02/14/2023		Jalisco Taqueria									
	Amount (\$)		Payee address; City;	State;	Zip Co	de						
	\$41.75		3119 S Gevers St									
			San Antonio, TX 78210									
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Com				
								officeholder living	expense			
						Campaign Fo	od	/Beverage				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office he	eld			
	experiditure to benefit C/OI											
	Date		Payee name									
	02/19/2023		Jalisco Taqueria									
	Amount (\$)		Payee address; City;	State:	Zip Co	de						
	\$10.95		3119 S Gevers St									
			San Antonio, TX 78210									
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description						
			Food/Beverage Expense		- /		outsi	de of Texas. Com	plete Schedule T.			
	EXPENDITURE							officeholder living	expense			
						Campaign Fo	od	/Beverage				
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office he	ld			
	expenditure to benefit C/OI	Н										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ittee Legal Services	Expense Po emorials Expense Pri	ice Overhead Iling Expense nting Expense Iaries/Wages/	e ′Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	ILER NAME				3 Filer ID	(Ethics Commission Filers)			
	Sch: 51/89 Rpt:	ampos, Elizabeth (T	he Honorable)			00084192				
4	Date 02/22/2023	ayee name alisco Taqueria								
6	Amount (\$) \$20.66	ayee address; City 119 S Gevers St an Antonio, TX 7821		p Code						
8	PURPOSE OF EXPENDITURE	ategory (See Categories li: ood/Beverage Exper		,		outside of Texas. Com TX, officeholder living IOd/Beverage				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder na	me Offic	e sought		Office he	ld			
	Date	ayee name								
	02/23/2023	alisco Taqueria								
	Amount (\$) \$76.79	ayee address; City 119 S Gevers St an Antonio, TX 7821		p Code						
	PURPOSE OF EXPENDITURE	ategory (See Categories lit ood/Beverage Exper	sted at the top of this schedule			outside of Texas. Com TX, officeholder living od/Beverage				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder na	me Offic	e sought		Office he	ld			
	Date	ayee name								
	02/26/2023	alisco Taqueria								
	Amount (\$) \$19.95	ayee address; City 119 S Gevers St	; State; Z	p Code						
		an Antonio, TX 7821	0							
	PURPOSE OF EXPENDITURE	ategory (See Categories lit ood/Beverage Exper				outside of Texas. Com TX, officeholder living Od/Beverage				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder na	me Offic	e sought		Office he	eld			

			EXPENDITURE (	ATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	ILER NAME			Filer ID (Ethics Commission Filers)		
	Sch: 52/89 Rpt:		Campos, Elizabeth (The Hono	rable)				00084192
4	Date	5 F	Payee name					
	02/27/2023		lalisco Taqueria					
6	Amount (\$)	<b>7</b> F	Payee address; City;	State;	; Zip Co	le		
	\$43.79	3	3119 S Gevers St					
			San Antonio, TX 78210					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Food/Beverage Expense	op of this sch	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense //Beverage
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held
	Date	F	Payee name					
	03/14/2023		lalisco Taqueria					
	Amount (\$)	F	Payee address; City;	State;	; Zip Co	le		
	\$33.34		8119 S Gevers St San Antonio, TX 78210					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Food/Beverage Expense	pp of this sch	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense //Beverage
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held
	Date	F	Payee name					
	04/24/2023		lalisco Taqueria					
	Amount (\$) \$27.41		Payee address; City; 8119 S Gevers St	State;	; Zip Coo	le		
		Ś	San Antonio, TX 78210					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Food/Beverage Expense	op of this sch	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense //Beverage
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ht		Office held

			EXPENDITURE CAT	EGORIES FOF	R BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food Gift/ Imittee Lega	nt Expense 3 J/Beverage Expense Awards/Memorials Expense al Services e Instruction Guide exp	Office Ove Polling Ex Printing Ex Salaries/M	kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME				<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 53/89 Rpt:	Campos, Elizal	oeth (The Honorabl	le)		00084192
4	Date	Payee name				
	06/15/2023	Jalisco Taquer	a			
6	Amount (\$)	Payee address;	City;	State; Zip Co	de	
	\$27.71	3119 S Gevers	St			
		San Antonio, T	X 78210			
8	PURPOSE	Category (See Ca	ategories listed at the top of t	his schedule)	(b) Description	
	OF EXPENDITURE	Food/Beverage				outside of Texas. Complete Schedule T.
						n, TX, officeholder living expense
					Campaign FC	ood/Beverage
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	andidate/Officeh	older name	Office sou	ght	Office held
	Date	Payee name				
	06/24/2023	Josephine Stre	et			
	Amount (\$)	Payee address;	City;	State; Zip Co	de	
	\$30.36	400 East Josep	hine Street			
	DUDDOSE	San Antonio, T				
	PURPOSE OF EXPENDITURE	Category <sub>(See Ca</sub> Food/Beverage	ategories listed at the top of t	his schedule)	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense DOd/Beverage
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeh	older name	Office sou	ght	Office held
	Date	Payee name				
	03/08/2023	McCullum High	School			
-	Amount (\$)	Payee address;		State; Zip Co	de	
	\$200.00	500 W Formos				
		San Antonio, T	X 78221			
	PURPOSE OF		tegories listed at the top of t		(b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE		oonations Made By ceholder/Political C			n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeh	older name	Office sou	ght	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 54/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192							
4	Date 01/04/2023	Payee name Medina, Manuel								
6	Amount (\$) \$4,000.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>5 Turin Ct</li> <li>San Antonio, TX 78257</li> </ul>								
8	PURPOSE OF EXPENDITURE	OF Consulting Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/20/2023	Michael's								
	Amount (\$) \$47.01	Payee address; City; State; Zip Code 5601 Brodie Ln. Austin, TX 78745								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Supplies							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/26/2023	Michael's								
	Amount (\$) \$159.00	Payee address; City; State; Zip Code 8000 Bent Branch Dr.								
		Irving, TX 75063								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense mittees							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tra           Food/Beverage Expense         Polling Expense         Tra           y -         Gift/Awards/Memorials Expense         Printing Expense         Tra						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 55/89 Rpt:		Campos, Elizabeth (The Honorable)					00084192		
4	Date	5	Payee name							
	01/30/2023		Mormando, James							
6	Amount (\$)	7	Payee address; City; Stat	te; Zip Co	ode					
	\$1,000.00		530 Elmhurst Ave.							
			San Antonio, TX 78209							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T. officeholder living expense		
						Campaign W				
						1 5				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	02/02/2023		Mormando, James							
	Amount (\$)		Payee address; City; Stat	te; Zip Co	ode					
	\$1,000.00		530 Elmhurst Ave.							
			San Antonio, TX 78209							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Salaries/Wages/Contract Labor	chedule)	(b)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	02/13/2023		Mormando, James							
	Amount (\$)		Payee address; City; Stat	te; Zip Co	ode					
	\$500.00		530 Elmhurst Ave.							
			San Antonio, TX 78209							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Salaries/Wages/Contract Labor				ı, TX,	officeholder living expense		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office held		
	expenditure to benefit C/OI	1								
		_			_		_			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Ti           Food/Beverage Expense         Polling Expense         Ti           y -         Gift/Awards/Memorials Expense         Printing Expense         Ti						Transportation E Travel in District Travel Out of Dis				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 56/89 Rpt:	Campos, Elizabeth (The Honorable) 00								00084192		
4	Date	5	Payee name									
	03/17/2023		Mormando, Jar	nes								
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Co	de					
	\$500.00		530 Elmhurst A	ve.								
			San Antonio, T	X 78209								
8	PURPOSE	(a)	Category (See Ca	tegories listed at the to	p of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages								plete Schedule T.	
										officeholder living	g expense	
								Campaign W	ork			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	older name	C	Office sou	ght			Office h	eld	
	Date		Payee name									
	05/03/2023		Mormando, Jar	nes								
⊢	Amount (\$)		Payee address;	City;	State:	; Zip Co	de					
	\$150.00		530 Elmhurst A	-	,	,						
	\$100100											
			San Antonio, T	X 78209								
	PURPOSE	(a)	Category (See Ca	tegories listed at the to	p of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages	/Contract Labo	or						plete Schedule T.	
								Campaign W		officeholder living	j expense	
								Campaign w	UIK			
	Complete ONIL V if direct		Condidate/Officeb	ldor nomo		Office sour	abt			Office h		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	nuer name	C	Jince sou	ynt			Onice n	eiu	
	Date		Payee name									
	05/05/2023		Mormando, Jar	nes								
	Amount (\$)		Payee address;	City;	State;	; Zip Co	de					
	\$150.00		530 Elmhurst A	ve.								
			San Antonio, T	X 78209								
	PURPOSE	(a)	Category (See Ca	tegories listed at the to	p of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages	/Contract Labo	or						plete Schedule T.	
										officeholder living	g expense	
								Campaign W	UľK			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	older name	C	Office sou	ght			Office h	eld	
	Superioration to benefit 0/01	•										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Ti           Food/Beverage Expense         Polling Expense         Ti           y -         Gift/Awards/Memorials Expense         Printing Expense         Ti						Transportation E Travel in District Travel Out of Di				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers	)
	Sch: 57/89 Rpt:		Campos, Eliz	abeth (The Hor	norable)					00084192		
4	Date	5	Payee name									
	06/19/2023		Mormando, J	ames								
6	Amount (\$)	7	Payee address	; City;	State;	; Zip Co	de					
	\$150.00		530 Elmhurst	Ave.								
			San Antonio,	TX 78209								
8	PURPOSE	(a)	Category (See	Categories listed at the	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wag	es/Contract La	bor		ļ				nplete Schedule T.	
							l			officeholder living	g expense	
								Campaign W	UIK			
9	Complete ONLY if direct		Candidate/Office	boldor namo		Office sou	abt			Office h	old	
9	expenditure to benefit C/OF		candidate/Onice	enolder hame		Jince Sou	ynt			Once in	eiu	
	Date		Payee name									
	06/24/2023		Mormando, J	ames								
	Amount (\$)		Payee address	; City;	State;	; Zip Co	de					
	\$300.00		530 Elmhurst	Ave.								
			San Antonio,	TX 78209								
	PURPOSE	(a)	Category (See	Categories listed at the	e top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wag	es/Contract La	bor		ļ				nplete Schedule T.	
							l	Campaign W		officeholder living	g expense	
								Campaign w	UIK			
	Complete ONLY if direct		Candidate/Office	bolder name		Office sou	aht			Office h	old	
	expenditure to benefit C/OI			enolder name			ynt			Onice In	eiu	
_	Data											_
	Date 06/30/2023		Payee name Mormando, J	2005								
					<u> </u>	7. 0						
	Amount (\$)		Payee address		State;	; Zip Co	de					
	\$500.00		530 Elmhurst	Ave.								
			San Antonio,	TX 78209								
	PURPOSE OF	(a)		Categories listed at the		edule)	(b)	Description				
	EXPENDITURE		Salaries/Wag	es/Contract La	bor		ļ			de of Texas. Com officeholder living	nplete Schedule T.	
							l	Campaign W			y expense	
								campaign W				
-	Complete ONLY if direct	Ļ	Candidate/Office	holder name		Office sou	thr			Office h	eld	
	expenditure to benefit C/OI				C C	500 SUU	gin					

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · · · · ·	<b>3</b> Filer ID (Ethics Commission Filers)					
-	Sch: 58/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192					
4	Date 03/28/2023	Payee name Najera, Juanita						
6	Amount (\$)     7     Payee address;     City;     State;     Zip Code       \$500.00     1722 Sandia Bluff							
		San Antonio, TX 78240						
8	<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituent Services</li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/10/2023	Next Day Custom Tees						
	Amount (\$) \$70.36	Payee address;City;State;Zip Code3919 S Presa St						
		San Antonio, TX 78210						
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Printing Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign T-Shirts</li> </ul>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/16/2023	Nothing Bundt Cakes						
	Amount (\$) \$36.00	Payee address; City; State; Zip Code 2785 Bee Caves Rd Ste. 333 Austin, TX 78746						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense od/Beverage					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
<b>1</b>	Sch: 59/89 Rpt:	Campos, Elizabeth (The Honorable) 00084192								
4	Date	5 Payee name								
	05/20/2023	Nothing Bundt Cakes								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
ľ	\$36.75	2785 Bee Caves Rd								
	\$50.15									
		Ste. 333								
		Austin, TX 78746								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		Campaign Food/Beverage								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	02/12/2023	Olivia's Mexican Restaurant								
⊢	Amount (\$)	Payee address; City; State; Zip Code								
	\$40.53	801 Vanderbilt St.								
		San Antonio, TX 78210								
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Food/Beverage</li> </ul>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	06/15/2023	Palacios, Laura								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$160.00	9924 Derecho Dr.								
		Austin, TX 78737								
-	PURPOSE									
	OF	(a) Category (See Categories listed at the top of this schedule)       (b) Description         Office Overhead/Rental Expense       Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE									
		Reimbursement								
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/Oł									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explain	Office C Polling Printing Salaries	Dverhea Expens Expens Kwage	ise s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2					3	Filer ID	(Ethics Commission Filers)	
-	Sch: 60/89 Rpt:	[	Campos, Elizabeth (The Honorable)				ľ	00084192		
4	Date	5	Payee name							
	05/31/2023		Palacios, Laura							
6	Amount (\$)	7	Payee address; City; Stat	e; Zip (	Code					
	\$500.00		9924 Derecho Dr.							
			Austin, TX 78737							
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel		de of Texas. Com		
	EXPENDITORE							officeholder living	expense	
						Legislative O	ffice	e Bonus		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ought			Office he	eld	
	Date		Payee name							
	02/16/2023		Palacios, Laura							
	Amount (\$)		Payee address; City; Stat	e; Zip (	Code					
	\$100.00		9924 Derecho Dr.							
			Austin, TX 78737							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Salaries/Wages/Contract Labor	chedule)	(b)		I, TX,	de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ought			Office he	eld	
_		-								
	Date		Payee name							
	03/01/2023		Pancake Joes							
	Amount (\$)			e; Zip (	Code					
	\$51.96		1011 Donaldson Avenue							
			San Antonio, TX 78228							
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense				I, TX,	de of Texas. Comp officeholder living /Beverage		
-	Complete ONLY if direct	L(	Candidate/Officeholder name	Office so	 ought			Office he	eld	
	expenditure to benefit C/OI				- <u>9</u>			2		
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense	
1	Total pages Schedule F1:	<b>2</b> F		-		-	3	Filer ID	(Ethics Commission Filers)	
	Sch: 61/89 Rpt:		Campos, Elizabeth (The Hon	orable)				00084192		
4	Date 06/23/2023		Payee name Pancake Joes							
6	Amount (\$) \$42.15	1	ayee address; City; 011 Donaldson Avenue San Antonio, TX 78228	State;	Zip Co	le				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Food/Beverage Expense	top of this sche	edule)		n, TX,	de of Texas. Comp , officeholder living <b>/Beverage</b>		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	jht		Office he	ld	
	Date	F	ayee name							
	06/26/2023	F	Pancake Joes							
	Amount (\$) \$50.90	1	ayee address; City; 011 Donaldson Avenue San Antonio, TX 78228	State;	Zip Co	de				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Cood/Beverage Expense	top of this sche	edule)		n, TX,	de of Texas. Comp , officeholder living <b>/Beverage</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	)ffice sou	jht		Office he	ld	
	Date	F	ayee name							
	06/25/2023	F	Pappadeux							
	Amount (\$) \$40.93		ayee address; City; 6 Northeast Loop 410	State;	Zip Co	de				
			San Antonio, TX 78216							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the cood/Beverage Expense	top of this sche	edule)		ι, TX,	de of Texas. Comp , officeholder living <b>/Beverage</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	Jht		Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 62/89 Rpt:		Campos, Elizabeth (The Honorable)				00084192			
4	Date 05/03/2023		Payee name Party City							
6	Amount (\$) \$39.96		Payee address; City; State; 5601 Brodie Ln. Austin, TX 78745	Zip Coo	le					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense Oplies			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held			
	Date		Payee name							
	01/08/2023		Perla's Seafood							
	Amount (\$) \$241.36		Payee address; City; State; 1400 S Congress Avenue Austin, TX 78704	Zip Coo	le					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense /Beverage			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held			
	Date		Payee name							
	01/12/2023		Perla's Seafood							
	Amount (\$) \$201.32		Payee address; City; State; 1400 S Congress Avenue	Zip Co	le					
			Austin, TX 78704							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense /Beverage			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E nmittee Legal Services The Instruction Guid	xpense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 63/89 Rpt:		Campos, Elizabeth (The Hon	orable)				00084192		
4	Date	5	Payee name							
	04/06/2023		Perla's Seafood							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$115.00		1400 S Congress Avenue							
			Austin, TX 78704							
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	(aluba	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense		icuaic)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE							, officeholder living expense		
						Campaign Fo	ood	/Beverage		
_	-									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	jht		Office held		
	Date		Payee name							
	03/29/2023		Photographic Design							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$511.00		235 Point Lick Dr.							
			Charleston, WV 25306							
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Gift/Awards/Memorials Expe					ide of Texas. Complete Schedule T.		
								, officeholder living expense		
						Group Photo				
_	Complete ONLY if direct		Candidate/Officeholder name		Office souc	uht		Office held		
	expenditure to benefit C/OI			C		jin		Once neid		
_	Date	<u> </u>								
	04/27/2023		Payee name Pollo Asados							
_				Ctoto						
	Amount (\$) \$45.17		Payee address; City;	State;	; Zip Coo	le				
	\$45.17		4642 Rigsby Avenue							
			San Antonio, TX 78222							
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description				
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						Campaign Fo				
						po.g.r (				
-	Complete ONLY if direct	L(	Candidate/Officeholder name	C	Office soug	Iht		Office held		
	expenditure to benefit C/OI									
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 64/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192						
4	Date 05/22/2023	Payee name Pollo Asados							
6	Amount (\$)           7         Payee address;         City;         State;         Zip Code           \$40.65         4642 Rigsby Avenue         San Antonio, TX 78222         San Antonio, TX 78222								
8	B       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Food/Beverage								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/20/2023	Quick Trip							
	Amount (\$) \$37.40	Payee address; City; State; Zip Code 1108 Robert S Light Blvd S Buda, TX 78610							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/24/2023	Quick Trip							
	Amount (\$) \$44.72	Payee address; City; State; Zip Code 848 Hot Wells Blvd							
		San Antonio, TX 78223							
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description	autsida of Toyas, Complete Schodule T						
	EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)			
_	Sch: 65/89 Rpt:	-	Campos, Elizabeth (The Honorable)				00084192			
4	Date 04/07/2023	5	Payee name Quick Trip							
6	Amount (\$) \$40.90	7	Payee address; City; State; 23953 I-35 Schertz, TX 78132	Zip Co	le					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Transportation Equipment & Related Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ıht		Office held			
	Date		Payee name							
	01/06/2023		Quorum Report							
	Amount (\$) \$389.75		Payee address; City; State; P.O. Box 8 Austin, TX 78767	; Zip Co	le					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense Ə			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held			
	Date		Payee name							
	01/22/2023		Randolph Brooks Credit Union							
	Amount (\$) \$300.00		Payee address; City; State; 2202 Semlinger Road	Zip Co	le					
			San Antonio, TX 78220							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ıht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/B Gift/Aw nittee Legal S	ixpense everage Expense ards/Memorials Expense ervices Instruction Guide explains	Office Overhe Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor	Transportation Travel in Distric Travel Out of D				
1	Total pages Schedule F1:	ILER NAME				3 Filer ID	(Ethics Commission Filers)			
	Sch: 66/89 Rpt:	Campos, Elizabeth (The Honorable)					· · · ·			
4	Date	Payee name				I				
	06/01/2023	Randolph Brooks Credit Union								
6	Amount (\$)	ayee address;	City; State	; Zip Code	)					
	\$500.00	3181 Goliad Rd								
	San Antonio, TX 78223									
8	PURPOSE	Category (See Categ	pories listed at the top of this sch	(b	) Description					
	OF	Office Overhead/		(could)		outside of Texas. Cor	nplete Schedule T.			
	EXPENDITURE					n, TX, officeholder livin	g expense			
					Banking					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	ler name (	Office sough	t	Office h	eld			
	Date	Payee name								
	01/27/2023	Reggies Tex Me	(							
	Amount (\$)	Payee address;	City; State	; Zip Code	2					
	\$32.90	2543 Goliad Rd								
		San Antonio, TX	78223							
	PURPOSE	Category (See Cate	ories listed at the top of this sch	nedule) (b	) Description					
	OF EXPENDITURE	Food/Beverage E		,	Check if travel	outside of Texas. Cor	nplete Schedule T.			
	EXPENDITORE					n, TX, officeholder livin	g expense			
					Campaign Fo	ood/Beverage				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	ler name (	Office sough	t	Office h	eld			
	Date	Payee name								
	02/06/2023	Reggies Tex Mex								
	Amount (\$)	Payee address;	City; State	; Zip Code	9					
	\$35.37	2543 Goliad Rd								
		San Antonio, TX	78223							
	PURPOSE		pories listed at the top of this sch	nedule) (b	Description					
	OF EXPENDITURE	Food/Beverage E	Expense			outside of Texas. Cor				
						n, TX, officeholder livin ood/Beverage	g expense			
					Campaign Fl	oourbeveraye				
	Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held									
	expenditure to benefit C/OH									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office Overhead/Rental Expense         Transportation Equipmed           Food/Beverage Expense         Polling Expense         Travel in District           / -         Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District							
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission File	ers)	
_	Sch: 67/89 Rpt:		Campos, Elizabeth (The Honorable)					00084192		
4	Date 06/30/2023		Payee name Rosarios							
6 Amount (\$)       7 Payee address;       City;       State;       Zip Code         \$94.81       722 S St Mary's St         San Antonio, TX 78205										
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Food/Beverage Expense	schedule)	(b		n, TX,	side of Texas. Complete Schedule T. K, officeholder living expense d/Beverage		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	sough	t		Office held		
	Date		Payee name							
	05/19/2023		Rose, Toni							
	Amount (\$) \$32.00		Payee address; City; Sta 1100 Congress Austin, TX 78701	ate; Zip	Code					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Gift/Awards/Memorials Expense	schedule)	(b		n, TX,	side of Texas. Complete Schedule T. K, officeholder living expense <b>ir Gift</b>		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	sough	t		Office held		
	Date		Payee name							
	01/06/2023		Sam's Club							
	Amount (\$) \$389.75		Payee address; City; Sta 3326 Se Military Dr.	ate; Zip	Code					
			San Antonio, TX 78223							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Food/Beverage Expense	schedule)	(b		n, TX,	side of Texas. Complete Schedule T. K, officeholder living expense d/Beverage		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	sough	t		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Co	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 68/89 Rpt:		Campos, Elizabeth (The Honorable)				00084192				
4	Date	5	Payee name								
	01/21/2023		San Antonio Express News								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$0.99		301 Avenue E San Antonio								
			San Antonio, TX 78205								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description						
	OF	()	Office Overhead/Rental Expense	edule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE				Check if Austin	, тх	, officeholder living expense				
					Monthly Fee						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held				
	Date		Payee name								
	04/06/2023		San Antonio Express News								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$19.96		301 Avenue E San Antonio								
			San Antonio, TX 78205								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(alube	(b) Description						
	OF EXPENDITURE		Office Overhead/Rental Expense	cuuic)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITORE					, TX	, officeholder living expense				
					Monthly Fee						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jht		Office held				
		_									
	Date		Payee name								
	06/19/2023		Seasons 52								
	Amount (\$)			Zip Co	de						
	\$81.45		255 E Basse Rd								
			Ste. 1400								
			San Antonio, TX 78209								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.				
					Campaign Fo		, officeholder living expense				
					Campaign FC	Ju	"Develage				
	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	ht		Office held				
	expenditure to benefit C/OI			AUCE SOU	jiit						

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2			·p····	3	Filer ID (Ethics Commission Filers)
-	Sch: 69/89 Rpt:		Campos, Elizabeth (The Honorable)			ľ	00084192
4	Date 04/15/2023		Payee name Shell Service				
6 Amount (\$) \$41.78 7 Payee address; City; State; Zip Code \$41.78 San Antonio, TX 78210							
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Transportation Equipment & Related Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held
	Date 03/10/2023		Payee name Shipley Donuts				
	Amount (\$) \$43.50		Payee address; City; State; 8213 Brodie Lane Austin, TX 78745	Zip Co	le		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense /Beverage
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held
	Date		Payee name				
	05/01/2023		Silo Prime				
	Amount (\$) \$71.70		Payee address; City; State; 401 S Alamo St	Zip Co	le		
			San Antonio, TX 78205	r			
	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         (b) Description       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense						officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)			
	Sch: 70/89 Rpt:		Campos, Elizabeth (The Honorable)	00084192						
4	Date	5	Payee name							
	02/19/2023		Southtown 101							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$39.23		101 Pereida St							
			San Antonio, TX 78210							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
			Food/Beverage Expense	cuucy		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE						, officeholder living expense			
					Campaign Fo	bod	/Beverage			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	06/18/2023		Southtown 101							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$43.97		101 Pereida St	·						
			San Antonio, TX 78210							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					Campaign Fo		÷ ,			
_	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	aht		Office held			
	expenditure to benefit C/OI				<u>, , , , , , , , , , , , , , , , , , , </u>					
_	Date		Payee name							
	01/03/2023		Spectrum VoIP							
_	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$202.25		2900 Gateway Dr.							
	+=0=.=0		Ste. 620							
			Irving, TX 75063							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outei	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Travel Out of District				, officeholder living expense			
					Internet					
	Complete ONLY if direct	L(	Candidate/Officeholder name C	Office sou	ght		Office held			
	expenditure to benefit C/OI			·						
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
-	Sch: 71/89 Rpt:	[	Campos, Elizabeth (The Honor							(	
4	Date	5	Payee name								
-	02/03/2023		Spectrum VoIP								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le					
	\$202.25		2900 Gateway Dr.								
			Ste. 620								
			Irving, TX 75063								
_			_								
8	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this sche	edule)	(b) Descript			. (=		
	EXPENDITURE		Travel Out of District						de of Texas. Com officeholder living	•	
						Interne		, 17,	unicendider hving	J expense	
						interne	, c				
_	Operation ONUNC for the other					1-4			0.000	-1-1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Ĺ	Office sou	Int			Office he	210	
	Date		Payee name								
	03/03/2023		Spectrum VoIP								
	Amount (\$)		Payee address; City;	State:	Zip Co	le					
	\$202.25		2900 Gateway Dr.	,							
	φ202.20										
			Ste. 620								
			Irving, TX 75063								
	PURPOSE	(a)	Category (See Categories listed at the top	o of this sche	edule)	(b) Descrip	tion				
	OF EXPENDITURE		Travel Out of District						de of Texas. Com		
	-							, TX,	officeholder living	j expense	
						Interne	el .				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ht			Office he	eld	
	Date		Payee name								
	04/03/2023		Spectrum VoIP								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$202.25		2900 Gateway Dr.								
			Ste. 620								
			Irving, TX 75063								
	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this sche	edule)	(b) Descript					
	EXPENDITURE		Travel Out of District						de of Texas. Com		
								, IX,	officeholder living	) expense	
						Interne	i.				
	0 11 0 0 0 0 0								~ ~ ~		
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office sought         Office held         Office held							eld				
	Superioration to benefit 0/01										

				EVDEN								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverag Gift/Awards/M Legal Services	e Expense emorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	ayme erhea pense xpens Xpens Vages	nt/Reimbursement d/Rental Expense e se s/Contract Labor		Transportation Travel in Distric Travel Out of D		
1	Total pages Schedule F1:	2		=					3	Filer ID	(Ethics Commissio	on Filers)
-	Sch: 72/89 Rpt:	[			he Honorable)				ľ	00084192	(	
					ne nonorable)					00004192		
4	Date	5										
	05/03/2023		Spectrum VoIP									
6	Amount (\$)	7	Payee addre	ss; City	; Stat	e; Zip Co	ode					
	\$202.25		2900 Gatev	vay Dr.								
			Ste. 620									
				5000								
			Irving, TX 7	5063								
8	PURPOSE	(a)	Category (S	ee Categories I	isted at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Travel Out	of District							nplete Schedule T.	
									, TX,	officeholder livin	g expense	
								Internet				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder na	ame	Office sou	ıght			Office h	eld	
	Date		Payee name									
	06/03/2023		Spectrum \	/oIP								
		-	Payee addre			e; Zip Co	ndo					
	Amount (\$)				, Sidi	e, zip co	Jue					
	\$203.31		2900 Gatev	vay Dr.								
			Ste. 620									
			Irving, TX 7	5063								
	PURPOSE	(a)	Category (s	ee Categories I	isted at the top of this so	chedule)	(b)	Description				
	OF		Travel Out			sinouuloj			outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							X Check if Austin	, тх,	officeholder livin	g expense	
								Internet				
	Complete ONLY if direct	<u> </u>	Candidate/Off	iceholder na	ame	Office sou	ight			Office h	eld	
	expenditure to benefit C/O	н					-					
	Data	1										
	Date		Payee name									
	01/25/2023		St. Margare	et Mary Ch	urch							
	Amount (\$)		Payee addre	ss; City	; Stat	e; Zip Co	ode					
	\$250.00		1314 Fair A	ve								
			San Antoni	n TX 7822	23							
	BUBB06-						<i>a</i> >					
	PURPOSE OF	(a)			isted at the top of this so	chedule)	(b)	Description				
	EXPENDITURE				ns Made By						nplete Schedule T.	
			Candidate/	JIICenoide	er/Political Com	mittee		Constituent S		officeholder livin	g expense	
										1000		
	Complete ONLY if direct		Candidate/Off	iceholder na	ame	Office sou	ight			Office h	eld	
	expenditure to benefit C/OI	1										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 73/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192							
4	Date 06/30/2023	Payee name Starbucks								
6	Amount (\$) \$16.53	Payee address; City; State; Zip Code 1546 Babcock Rd San Antonio, TX 78229								
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ood/Beverage							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/27/2023	State Preservation Board								
	Amount (\$) \$65.00	Payee address; City; State; Zip Code 1100 Congress								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/16/2023	Sunoco								
	Amount (\$) \$49.50	Payee address; City; State; Zip Code 19350 N Interstate 35 Frontage Rd								
		Kyle, TX 78640								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Care							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPEN	DITURE CATEGOR	RIES FOR	BOX 8(a)			_	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transportation E           Food/Beverage Expense         Polling Expense         Travel in District           Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FI	LER NAME				3	Filer ID (Ethics Commission Filers)	-	
	Sch: 74/89 Rpt:		ampos, Elizabeth (T	he Honorable)				00084192		
4	Date 03/11/2023		ayee name ushi Zushi							
6	6 Amount (\$) \$7 Payee address; City; State; Zip Code 999 E Basse Rd. San Antonio, TX 78209									
8	PURPOSE OF EXPENDITURE		ategory (See Categories I Dod/Beverage Expe		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense I/Beverage		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder na	ame C	Office soug	ht		Office held		
	Date	Pa	ayee name							
	04/17/2023	Sı	ushi Zushi							
	Amount (\$) \$53.93		Payee address;     City;     State;     Zip Code       999 E Basse Rd							
			te 150 an Antonio, TX 7820	)9						
	PURPOSE OF EXPENDITURE		ategory (See Categories I Dod/Beverage Expe		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense I/Beverage		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder na	ame C	Office soug	ht		Office held	_	
	Date	Pa	ayee name						٦	
	06/05/2023	Sı	ushi Zushi							
	Amount (\$) \$72.00		ayee address; City 99 E Basse Rd.	r; State;	Zip Coo	e				
		Sa	an Antonio, TX 7820	)9	i					
	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Food/Beverage									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder na	ame C	Office soug	ht		Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Offit/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 75/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192
4	Date 03/31/2023	Payee name Swedish Hill	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.97	1120 W 6th St Austin, TX 78704	
8	PURPOSE		
9	OF	Food/Beverage Expense       Check if trave         Check if Aust       Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Food/Beverage
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/31/2023	Swedish Hill	
	Amount (\$) \$64.78	Payee address;     City;     State;     Zip Code       1121 W 6th St	
		Austin, TX 78704	
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Food/Beverage
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/09/2023	Tapia, Gianni	
	Amount (\$) \$75.00	Payee address;City;State;Zip Code2606 Hiawatha	
		San Antonio, TX 78210	
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense A
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Committee     Legal Services     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)							
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 76/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192							
4	Date 04/04/2023	Payee name Tapia, Gianni								
6	Amount (\$) \$100.00	Payee address; City; State; Zip Code 2606 Hiawatha San Antonio, TX 78210								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/22/2023	Tapia, Gianni								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$750.00	2606 Hiawatha San Antonio, TX 78210								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/11/2023	Texas Chili Parlor								
	Amount (\$) \$32.95	Payee address; City; State; Zip Code 1409 Lavaca St								
		Austin, TX 78701								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense D <b>d/Beverage</b>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp ittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense		
1	Total pages Schedule F1:	<b>2</b> F	LER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 77/89 Rpt:		ampos, Elizabeth (The Honc	orable)				00084192			
4	Date	<b>5</b> P	ayee name								
	05/31/2023		exas Energy and Climate Ca	ucus							
6	Amount (\$)		ayee address; City;		Zip Coo	P					
ľ	\$200.00		100 Congress	State,	210 000						
	\$200.00	-									
		^	ustin, TX 78701								
_											
8	PURPOSE OF		ategory (See Categories listed at the to	op of this schee	dule)	b) Description	oute	ide of Texas. Compl	ete Schedule T		
	EXPENDITURE		ees					, officeholder living e			
						Dues					
9	Complete ONLY if direct		ndidate/Officeholder name	Of	ffice soug	ht		Office held	d		
	expenditure to benefit C/OI	4									
F	Date	Р	ayee name								
	01/24/2023	Т	exas House Democratic Cau	icus							
⊢	Amount (\$)	P	ayee address; City;	State;	Zip Coo	е					
	\$500.00	1	100 Congress	·							
			3								
		А	ustin, TX 78701								
	PURPOSE					b) Description					
	OF		ategory (See Categories listed at the to ees	op of this sche	dule)		outs	ide of Texas. Compl	ete Schedule T.		
	EXPENDITURE	•				Check if Austir	ı, TX	, officeholder living e	expense		
						Dues					
	Complete ONLY if direct		ndidate/Officeholder name	Of	ffice soug	ht		Office held	d		
	expenditure to benefit C/OI	1									
	Date	Р	ayee name								
	01/11/2023	Т	exas House of Representativ	/es							
	Amount (\$)	Р	ayee address; City;	State;	Zip Coo	е					
	\$4,559.37	1	100 Congress								
		A	ustin, TX 78701								
$\vdash$	PURPOSE	<b>(a)</b> C	ategory (See Categories listed at the to	op of this sche	dule)	b) Description					
	OF EXPENDITURE		ffice Overhead/Rental Exper		,			ide of Texas. Compl			
	EXPENDITORE							, officeholder living e	expense		
						Reimbursem	ent				
					<i>cc</i>	L-4		011	-1		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Of	ffice soug	nt		Office held	a		
	,										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Fees Food/ Gift/A nmittee Legal	Fees         Office Overhead/Rental Expense         Tr           Food/Beverage Expense         Polling Expense         Tr           Gift/Awards/Memorials Expense         Printing Expense         Tr				Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 78/89 Rpt:		Campos, Elizab	eth (The Honora	able)				00084192	
4	Date	5	Payee name	,	,					
ľ	01/12/2023	ľ	Texas House of	Poprosontativo	c .					
_										
6	Amount (\$)	7	Payee address;	City;	State; Zip	Code				
	\$1,000.00		1100 Congress							
			Austin, TX 7870	1						
8	PURPOSE	(a)	Category (See Cate	egories listed at the top	of this schedule)	(b	) Description			
	OF EXPENDITURE		Fees						de of Texas. Com	
								ι, TΧ,	officeholder living	expense
							Dues			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	der name	Office	sough	t		Office he	eld
	Date		Payee name							
	03/14/2023		Texas House of	Representative	S					
	Amount (\$)		Payee address;	City;	State; Zip	Code				
	\$2,296.08		1100 Congress							
			-							
			Austin, TX 7870	1						
	PURPOSE OF	(a)	Category (See Cate			(b	) Description			
	EXPENDITURE		Office Overhead	l/Rental Expens	е				de of Texas. Com officeholder living	
							Reimbursem			схрепас
							i terrisereen	0110		
_	Complete ONLY if direct		Candidate/Officeho	der name	Office	souch	t		Office he	ald
	expenditure to benefit C/OI		candidate/Oniceno	del name	Onice	Sough	L .		Onice ne	
╞	_	_								
	Date		Payee name	Democratic	_					
	05/19/2023		Texas House of	Representative	S					
	Amount (\$)		Payee address;	City;	State; Zip	Code				
	\$55.08		1100 Congress							
			Austin, TX 7870	1						
	PURPOSE	(a)	Category (See Cate	egories listed at the top	of this schedule)	(b	) Description			
	OF EXPENDITURE		Office Overhead				Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE			-					officeholder living	expense
							Office Suppli	es		
	Complete ONLY if direct		Candidate/Officeho	der name	Office	sough	t		Office he	eld
	expenditure to benefit C/OI	1								

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 79/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192				
4	Date 01/26/2023	Payee name Texas News					
6	Amount (\$) \$32.45	7 Payee address; City; State; Zip Code 9800 Airport Blvd San Antonio, TX 78216					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense <b>ES</b>				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/20/2023	The Capitol Gift Shop					
	Amount (\$) \$45.56	Payee address;     City;     State;     Zip     Code       1400 Congress Avenue					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/09/2023	The Capitol Gift Shop					
	Amount (\$) \$28.15	Payee address;     City;     State;     Zip     Code       1400 Congress Avenue					
		Austin, TX 78701					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

		EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 80/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192				
4	Date 03/09/2023	Payee name The Capitol Gift Shop					
6	Amount (\$)	· · ·					
0	\$164.54	7 Payee address; City; State; Zip Code 1400 Congress Avenue Austin, TX 78701					
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description					
-	OF EXPENDITURE	Gift/Awards/Memorials Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/15/2023	The Capitol Gift Shop					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$36.81	1400 Congress Avenue Austin, TX 78701					
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/20/2023	The Capitol Gift Shop					
	Amount (\$) \$4.25	Payee address;     City;     State;     Zip Code       1400 Congress Avenue					
		Austin, TX 78701					
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Trr Food/Beverage Expense Polling Expense Trr Gift/Awards/Memorials Expense Printing Expense Trr				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 81/89 Rpt:		Campos, Elizabeth (The Honoral	ble)				00084192
4	Date	5	Payee name					
	04/23/2023		The Capitol Gift Shop					
6	Amount (\$)	7	Payee address; City;	State; Zip	Cod	e		
	\$5.41		1400 Congress Avenue					
			Austin, TX 78701					
8	PURPOSE	(a)	Category (See Categories listed at the top o	f this schodule)	0	b) Description		
-	OF		Gift/Awards/Memorials Expense	i this schedule)	ľ		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·			Check if Austir	n, TX,	, officeholder living expense
						Gifts		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offices	sougl	nt		Office held
	Date		Payee name					
	05/19/2023		The Capitol Gift Shop					
	Amount (\$)		Payee address; City;	State; Zip	Cod	e		
	\$394.03		1400 Congress Avenue					
			Austin, TX 78701					
	PURPOSE	(a)	Category (See Categories listed at the top o	f this schedule)	(	b) Description		
	OF EXPENDITURE		Gift/Awards/Memorials Expense				outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE						n, TX,	, officeholder living expense
						Gifts		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	sougl	nt		Office held
	Date		Payee name					
	05/20/2023		The Capitol Gift Shop					
	Amount (\$)		Payee address; City;	State; Zip	Cod	е		
	\$44.38		1400 Congress Avenue					
			Austin, TX 78701					
	PURPOSE	(a)	Category (See Categories listed at the top o	f this schedule)	(	b) Description		
	OF EXPENDITURE		Gift/Awards/Memorials Expense					ide of Texas. Complete Schedule T.
	-					Gifts	ι, TX,	, officeholder living expense
						Onto		
	Complete ONLY if direct	Ľ	Candidate/Officeholder name	Office		at		Office held
	expenditure to benefit C/Oł			Unices	sougi	n		Onice neid

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 82/89 Rpt:		Campos, Elizabeth (The Honorable)				00084192	
4	Date	5	Payee name					
	05/20/2023		The Capitol Gift Shop					
6	Amount (\$)	7		Zip Co	10			
ľ	\$114.75	ľ	1400 Congress Avenue	210 00				
	Ψ114.75							
			Austin TX 79701					
_			Austin, TX 78701					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	outoi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Gift/Awards/Memorials Expense				, officeholder living expense	
					Gifts	,	,	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Dffice sou	jht		Office held	
	Date		Payee name					
	06/30/2023		The Capitol Gift Shop					
	Amount (\$)	┝	Payee address; City; State;	Zip Co	de			
	\$17.50		1400 Congress Avenue	•				
			<b>3 </b>					
			Austin, TX 78701					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held	
-	Date		Payee name					
	01/02/2023		The Haven Southtown					
				Zin Co	10			
	Amount (\$)		Payee address; City; State; 1032 S Presa St.	Zip Co	le			
	\$40.30		1032 S Plesa St.					
			San Antonio, TX 78210					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	EXPENDITURE		Food/Beverage Expense			, тх	ide of Texas. Complete Schedule T. , officeholder living expense I/Beverage	
	Complete ONLV if direct	Ļ	Candidato/Officeholder pame	)ffice com			Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jiit		Office field	
_								

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 83/89 Rpt:		Campos, Elizabeth (The Honorable)				00084192
4	Date	5	Payee name				
	01/23/2023		The Haven Southtown				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
-	\$37.27		1032 S Presa Street				
			San Antonio, TX 78210				
8	PURPOSE	(2)			(b) Description		
°	OF	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Food/Deverage Expense				officeholder living expense
					Campaign Fo	ood	/Beverage
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held
	Date		Payee name				
	02/13/2023		The Haven Southtown				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$47.84		1032 S Presa St.				
			San Antonio, TX 78210				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense /Beverage
					Campaigni		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	)ffice sou	ght		Office held
	Date		Payee name				
	03/06/2023		The Haven Southtown				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$42.71		1032 S Presa St.				
			San Antonio, TX 78210				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)			de of Texas. Complete Schedule T.
					Check if Austin Campaign Fo		officeholder living expense /Beverage
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	)ffice sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tr           Food/Beverage Expense         Polling Expense         Tr           y -         Gift/Awards/Memorials Expense         Printing Expense         Tr				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 84/89 Rpt:		Campos, Elizabeth (The Hono	orable)				00084192
4	Date	5	Payee name					
	04/18/2023		The Haven Southtown					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le		
	\$106.80		1032 S Presa St.					
			San Antonio, TX 78210					
8	PURPOSE	(a)	Category (See Categories listed at the to	on of this sch	edule)	<b>b)</b> Description		
	OF		Food/Beverage Expense		icuaic)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		0 1			Check if Austir	n, TX	, officeholder living expense
						Campaign Fo	boc	l/Beverage
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ht		Office held
	Date		Payee name					
	05/05/2023		The Wyndow Box Florist					
	Amount (\$)	┝	Payee address; City;	State	; Zip Co			
	\$92.01		3810 E Broadway St.	Olule,	, 20 000			
	ψ92.01		Solo E Bloadway St.					
			Pearland, TX 77851					
	PURPOSE	(a)	Category (See Categories listed at the te	op of this sch	edule)	<b>b)</b> Description		
	OF EXPENDITURE		Gift/Awards/Memorials Expension	se				side of Texas. Complete Schedule T.
	-						ı, тх,	, officeholder living expense
						Flowers		
	-							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ht		Office held
		_						
	Date		Payee name					
	01/09/2023		Thomas, Catherine					
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le		
	\$5,800.00		13831 Quarter House Trail					
			Wellington, FL 33414					
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	edule)	<b>b)</b> Description		
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.
	EXPENDITORE							, officeholder living expense
						Legislative S	ess	sion Housing Deposit
	Complete ONLY if direct		Candidate/Officeholder name	0	Office sou	ht		Office held
	expenditure to benefit C/OH							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Trar           Food/Beverage Expense         Polling Expense         Trav           g-         Gift/Awards/Memorials Expense         Printing Expense         Trav						Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 85/89 Rpt:	C	Campos, Elizabeth (The Ho	norable)				00084192	
4	Date	5 F	ayee name						
	01/09/2023		homas, Catherine						
6	Amount (\$)	<b>7</b> F	ayee address; City;	State;	; Zip Co	le			
	\$34,800.00	1	3831 Quarter House Trail						
		v	Vellington, FL 33414						
8	PURPOSE		_			(b) Description			
ľ	OF		category (See Categories listed at the Travel Out of District	e top of this sch	iedule)		outsi	de of Texas. Comp	lete Schedule T.
	EXPENDITURE					X Check if Austir	I, TX	officeholder living	expense
						Legislative S	ess	ion Housing	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office he	ld
	Date	F	ayee name						
	05/17/2023	Т	ony's Siesta						
	Amount (\$)	F	ayee address; City;	State;	; Zip Co	le			
	\$40.48	2	06 Brooklyn Ave						
		S	an Antonio, TX 78215						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at th ood/Beverage Expense	e top of this sch	edule)		, TX	de of Texas. Comp officeholder living <b>/Beverage</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Dffice soug	ht		Office he	ld
-	Date	F	ayee name						
	01/15/2023		lber						
	Amount (\$)		ayee address; City;	Stato	; Zip Co	10			
	\$15.93		455 Market Street	State,	, zip cot				
	φ13.35	1							
		S	an Francisco, CA 94103						
	PURPOSE OF		ategory (See Categories listed at the		iedule)	(b) Description			
	EXPENDITURE		ransportation Equipment & xpense	Related			, TX,	de of Texas. Comp , officeholder living	
-	Complete ONLY if direct	Ca	ndidate/Officeholder name	C	Office soug	Iht		Office he	ld
	expenditure to benefit C/OH								
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       mmittee     Legal Services     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)				
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 86/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192				
4	Date 02/20/2023	Payee name Uber					
6	Amount (\$) \$13.26	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>1455 Market Street</li> <li>San Francisco, CA 94103</li> </ul>					
8	PURPOSE OF EXPENDITURE	Transportation Equipment & Related					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/23/2023	Uber					
	Amount (\$) \$3.00	Payee address; City; State; Zip Code 1455 Market Street San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T. TX, officeholder living expense N				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/23/2023	Uber					
	Amount (\$) \$7.49	Payee address; City; State; Zip Code 1455 Market Street					
		San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense N				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/Awards/Memorials Expense     Printing Expense       mmittee     Legal Services     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)				
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 87/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192				
4	Date 02/23/2023	Payee name Uber					
6	Amount (\$) \$10.90	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>1455 Market Street</li> <li>San Francisco, CA 94103</li> </ul>					
8	PURPOSE OF EXPENDITURE	OF Transportation Equipment & Related					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/24/2023	Uber					
	Amount (\$) \$1.00	Payee address; City; State; Zip Code 1455 Market Street San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense N				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/24/2023	Uber					
	Amount (\$) \$14.11	Payee address;     City;     State;     Zip     Code       1455 Market Street					
		San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense N				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 88/89 Rpt:		Campos, Elizabeth (The Honorable)				00084192	
4	Date	5	Payee name					
	01/29/2023		WalMart Supercenter					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$192.69		2100 SE Loop 410 Acc Rd					
			San Antonio, TX 78220					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense	ŕ			ide of Texas. Complete Schedule T.	
	EXPENDITORE						, officeholder living expense	
					Campaign Fo	ood	/Beverage	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	01/04/2023		Walgreens					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$198.71		1105 Goliad Rd	·				
			San Antonio, TX 78223					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.	
					Office Suppli		, officeholder living expense	
					Once Suppli	5		
	Complete ONLV if direct		Candidate/Officeholder name C	Office sou	abt		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			mce sou	ym		Office field	
		_						
	Date		Payee name					
	01/26/2023		Walgreens					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$38.26		1105 Goliad Rd					
			San Antonio, TX 78223					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.	
							, officeholder living expense	
					Office Suppli	es		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held	
	Superioration to benefit 0/01							

	Advertising Expense	EXPENDITURE CATEGORIES FOR BOX	eimbursement Solicitation/Fundraising Expense
	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel in District Travel Out of District
	Credit Card Payment	The Instruction Guide explains how to complete	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 89/89 Rpt:	Campos, Elizabeth (The Honorable)	00084192
4	Date	5 Payee name	·
	01/28/2023	Whataburger	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.65	9800 Airport Blvd	
		San Antonio, TX 78216	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense ampaign Food/Beverage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 109/109
2 FILER NAME 3		3 Filer ID (Ethics Commission Filers)
Campos, Elizabeth (The Honorable) 000		00084192
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
05/18/2023	Jones, Jolanda (Ms.)	\$52.70
	6 Address of person from whom amount is received; City; State; Zip Code	
	Houston, TX 77024	
	7 Purpose for which amount is received          Check if p         Reimbursement	olitical contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
02/09/2023	Mexican American Legislative Caucus	\$250.00
	Address of person from whom amount is received; City; State; Zip Code	
	Austin, TX 78707	
	Purpose for which amount is received Check if p	olitical contribution returned to filer
	Reimbursement (Event)	
Date	Name of person from whom amount is received	Amount (\$)
05/18/2023	Price, Walter (Mr.)	\$52.70
	Address of person from whom amount is received; City; State; Zip Code	
	Amarillo, TX 79109	
	Purpose for which amount is received Check if p	olitical contribution returned to filer
	Reimbursement	
Date	Name of person from whom amount is received	Amount (\$)
06/30/2023	Thomas, Catherine (Mrs.)	\$5,800.00
	Address of person from whom amount is received; City; State; Zip Code	
	Wellington, FL 33414	
	Purpose for which amount is received Check if p	olitical contribution returned to filer
	Reimbursement (Rent Deposit)	
Date	Name of person from whom amount is received	Amount (\$)
03/25/2023	Thomas, Catherine (Mrs.)	\$17,400.00
	Address of person from whom amount is received; City; State; Zip Code	
	Wellington, FL 33414	
		l olitical contribution returned to filer
	Reimbursement (Rent)	