CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commiss 00084192	sion Filers)	2 Total pages	s filed: 25
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICI	E USE ONLY
OFFICEHOLDER	The Honorable	Elizabeth				
NAME					Date Received	
						ICALLY FILED
	NICKNAME	LAST		SUFFIX	02/05/2024	
	Liz	Campos				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	۲Y	ZIP CODE	Date Hand-delivere	ed or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	1028 Rigsby	, conz ", con	,		Receipt #	Amount
Change of Address	San Antonio, TX 78210				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>.</u>	
TREASURER	Mr.	Joe				
NAME						
	NICKNAME	LAST		SUFFIX		
	NICKINAWE	Campos		SUFFIX		
		Campus				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PC	BOX PLEASE);	APT	/ SUITE #; CITY;	S	STATE; 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	X 30th day before	e election	Runoff		campaign treasurer officeholder only)
	July 15	8th day before	election	Exceeded modified		Attach C/OH-FR)
				reporting limit	J · ·	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TI	HROUGH	01/25/2024		
					-	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X F	Primary	Runoff	Other	
	03/05/2024					
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Dist	trict 119 Bexar		State Representa	ative District 1	19
	1					
		<u> </u>	TO PAGE 2			
		GO	I U FAGE Z			
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.us		Ve	ersion V3.5.1.9000c47

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 25

13 C / OH NAME	Campos, Elizabeth (1	The Honorable)	14 Filer ID (1 00084192	Ethics Com	mission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	holder's kno	wledge or			
Additional Pages	COMMITTEE TYPE	IMITTEE TYPE COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	55					
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	625.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	48,176.12			
EXPENDITURE TOTALS								
	4. TOTAL POLITIC	AL EXPENDITURES		\$	20,850.95			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	118,348.77			
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 penalt true and correct and includes a under Title 15, Election Code.						
		The Honor	able Elizabeth Camp	os				
		Signature of	Candidate or Officehold	der				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
Sworn to and subso	cribed before me, by the s	aid	, this the		_ day			
of	, 20, to ce	ertify which, witness my hand and seal of office.						
	or odministorian	Drinted nome of officer educidation	Tial	odminister	ag ooth			
	er administering	Printed name of officer administering	Title of officer					
Forms provided by Tex	xas Ethics Commissior	www.ethics.state.tx.us		Version V3	3.5.1.9000c47f			

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 25 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. \$ 47,625.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 551.12 \$ X SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 0.00 З. 4. X SCHEDULE E: LOANS \$ 0.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 20,850.95 \$ X 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. \$ TO FILER

The Instru	iction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 1/9 Rpt: 4/25	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Campos, El	izabeth (The Honorable)		00084192	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/15/2024	Abbot Laboratories Employee PAC			\$500.00
	6 Contributor address; City; State; Zip Code			
	Abbot Park, IL 60064		-	
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instructions)	.)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00
01/25/2024				\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78216			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Construction		Self-Employed)	
			Amount of Contribution (\$)	
Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Battistoni, Jason & Alysia)	Amount of Contribution (\$)	\$100.00
U1/27/202-1				Φ100.00
	Contributor address; City; State; Zip Code			
	Bulverde, TX 76163			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	i)	
Division Pre		Hakes Brothers		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/25/2024				\$250.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
· ·	upation / Job title (See Instructions)	Employer (See Instructions))	
CEO		Texas Homes		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/23/2024	Colangelo, Laura			\$250.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78746		-	
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Lobby		Self		

				-		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/25	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
_		zabeth (The Honorable)			00084192	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/25/2024	Czar, Jeffrey				\$150.00
	i	6 Contributor address; City; State; Zip Code	,			
	I					
	I					
		San Antonio, TX 78231				
8			9 Employer (See Instructions			
	Company Ov	wner	King Fish Development			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/23/2024	Garza, Rudy				\$250.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
	I	San Antonio, TX 78258				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	CEO	ļ	CPS Energy			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/22/2024	Greeenberg Traurig, PAC	/		Amount of Continuences ()	\$750.00
	U1/22/202 ·			-		Ψισσ.σ.
	I	Contributor address; City; State; Zip Code				
	I	1				
	I	Albany, NY 12207				
_	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
				')		
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	HCA Texas Good Government Fund	,		,	\$500.00
	v =,====	Contributor address; City; State; Zip Code				+ • • • • •
	I	Contributor address, City, State, Zip Code				
	I					
	I	Dallas, TX 75240				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L 3)		
	· · · · · · · ·	, , , , , , , , , , , , , , , , , , ,		,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	01/23/2024	Hillco Pac	/			\$500.00
	01/20/2027					ψυυυ.υυ
	I	Contributor address; City; State; Zip Code				
	I					
	I	Austin, TX 78701				
\vdash	Dringinal occu		Employer (See Instructions	$\sum_{i=1}^{n}$		
	Phillipai occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
∟		J	<u> </u>			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/25	
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
		zabeth (The Honorable)		1	00084192	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/22/2024	Jackson Walker LLP PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75201				
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 (\$)	
	01/25/2024	Kuwamura, Paul				\$50.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78250				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Executive		Sitterle Homes			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/24/2024	Lawrence, Kimberly	/			\$100.00
	01/2 1/2021	Contributor address; City; State; Zip Code		•		\$100.00
		Houston, TX 77080				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Sales Consu	lt	Allpoints Surveying			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/23/2024	Legacy 44				\$10,000.00
		Contributor address; City; State; Zip Code		•		
		Austin, TX 78756				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/25/2024	Louis, Stephen				\$200.00
		Contributor address; City; State; Zip Code				
		Cibolo, TX 78108				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Executive Of		San Antonio Builders As		iation	

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	The Instru	ction Guide explains how to o	complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/25	
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 (\$)	
	01/25/2024	Mike and Mary, Hogan					\$2,500.00
		6 Contributor address; City; State; Z	Zip Code				
Ļ		San Antonio, TX 78213	T		ļ		
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Retired	<u> </u>		Retired	-		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/22/2024	Miller, Joe William					\$1,000.00
		Contributor address; City; State; Z					
		Austin TV 70701					
	Drive sized, oppu	Austin, TX 78701	r	Environ (Cas Instructions	Ĺ		
	Principal occu Government	pation / Job title (See Instructions)		Employer (See Instructions Hillco Lobby	5)		
			l		-		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷0 500 00
	01/11/2024	Mission Business PAC					\$2,500.00
		Contributor address; City; State; Z	Zip Code				
		Universal City, TX 78148					
┝	Principal occu	pation / Job title (See Instructions)	r	Employer (See Instructions	<u> </u> נו		
	Timopu coc.				<i>''</i>		
╞	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	01/22/2024	Moak Casey PAC	Jut-or-state PAC (ID#	/			\$500.00
	01/22/2027						φυσυ.συ
		Contributor address; City; State; Z					
		Austin, TX 78746					
	Principal occu	I pation / Job title (See Instructions)	T	Employer (See Instructions	L;)		
				· · ·			
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/25/2024	Moore, Michael	-				\$200.00
		Contributor address; City; State; Z	Zip Code				
		-	r.				
		San Antonio, TX 78258					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Owner			Ironstone Development			
			· · · ·				

	The Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 5/9 Rpt: 8/25	
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 (\$)	
	01/25/2024	Munoz, Rodolfo				\$100.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78249				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Board of Dire	ectors	San Antonio Builders As	SSOC	iation	
	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
	01/18/2024	ONCOR Texas State PAC				\$1,000.00
		Contributor address; City; State; Zip Code		"		
		Dallas, TX 75202				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#	<u>)</u>		Amount of Contribution (\$)	
	01/22/2024	Philip & Meachum LLC				\$500.00
		Contributor address; City; State; Zip Code		.		
		Austin, TX 78711				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#	······································		Amount of Contribution (\$)	
	01/25/2024	Powell, Paul				\$250.00
		Contributor address; City; State; Zip Code		.		
		San Antonio, TX 78209				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Partner		Heartwood Developmen	nt Gr	oup	
	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
	01/25/2024	Pruski, Timothy				\$100.00
		Contributor address; City; State; Zip Code		.		
		San Antonio, TX 78260				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Land Manag	er	Bella Vista Homes			
			•			

	The Instru	ction Guide explains how	v to complete this f	örm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/25	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Campos, Eli	izabeth (The Honorable)				00084192	.
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/23/2024	Public Blueprint LLC					\$1,000.00
		6 Contributor address; City; Si	State; Zip Code		1		
_		Austin, TX 78701		1	Ĺ		
8	Principal occu	upation / Job title (See Instructions	s) 	9 Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/25/2024	Robare, Mike					\$100.00
		Contributor address; City; St			1		
		San Antonio, TX 78256			Ĺ		
		upation / Job title (See Instructions	š)	Employer (See Instructions			
	Owner	•		Robare Custom Homes	-		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	÷050.00
	01/25/2024	SABPAC I					\$250.00
		Contributor address; City; St	tate; Zip Code				
		San Antonio, TX 78231					
	Principal occu	I upation / Job title (See Instructions	s)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/25/2024	Schendel, Mark					\$250.00
		Contributor address; City; St	State; Zip Code				
		San Antonio, TX 78209	<u>``</u>		Ĺ		
	Principal occu Construction	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
╘				Self-Employed	—		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	ቀ1 ርብ በብ
	01/24/2024	Schmid, Shad R.	Vice Zie Oada				\$150.00
		Contributor address; City; St	tate; Zip Code				
		San Antonio, TX 78256					
	Principal occu	I upation / Job title (See Instructions	s)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Manager	•	,	King Fish Development			
⊢							

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/25	
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 (\$)	
	01/23/2024	Scott, Bruce R.				\$200.00
	I	6 Contributor address; City; State; Zip Code		1		
		1				
		Austin, TX 78703				
8	Principal occu Lobby	pation / Job title (See Instructions)	9 Employer (See Instructions) Self	3)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/25/2024	Sitterle, Frank				\$100.00
	I	Contributor address; City; State; Zip Code		1		
		1				
		San Antonio, TX 78261				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>ار</u>		
	Owner		Sitterle Homes	"		
<u> </u>	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	01/25/2024	Sutterfield, Kristi	/			\$100.00
	01/20/202	Contributor address; City; State; Zip Code		•		Ψ±υυ
		1				
		San Antonio, TX 78258				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Executive		San Antonio Greater Bui	ilde	ers	
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/12/2024	TREPAC/Texas Assoc. of Realtors PAC				\$2,500.00
	I	Contributor address; City; State; Zip Code		1		
		1				
		1				
L		Austin, TX 78768		Ļ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
\vdash	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/23/2024	TSAPAC			-	\$1,500.00
	I	Contributor address; City; State; Zip Code		1		
		1				
		1				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	3)		

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/25	
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 (\$)	
	01/16/2024	TXTA Truck Pac				\$1,000.00
	I	6 Contributor address; City; State; Zip Code				
		Austin, TX 78762				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	<u>ا</u> ن)		
	Date	Full name of contributor out-of-state PAC (ID#:	t:)	Γ	Amount of Contribution (\$)	
	01/22/2024	Texans for Lawsuit Reform PAC				\$2,500.00
	I	Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> ن)		
	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	01/19/2024	Texas Automobile Dealers Association				\$2,000.00
	I	Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Γ	Amount of Contribution (\$)	
	01/25/2024	Texas Dental Assoc. PAC				\$1,000.00
	1	Contributor address; City; State; Zip Code	1			
		1				
		Austin, TX 78704		Ĺ		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
╘			<u> </u>	=		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	*=00.00
	01/23/2024	Texas Land Title Assoc.				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	T moipai cocc.			<i>''</i>		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/9 Rpt: 12/25	
2	FILER NAME			2	Filer ID (Ethics Commissio	on Filore)
		zabeth (The Honorable)		З	00084192	JIT FIIEIS)
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/24/2024	Texas Lobby Partners LLP				\$1,000.00
		Austin, TX 78701				
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 (\$)	
	01/06/2024	Texas Manufactured Housing Assoc., Inc				\$1,000.00
		Contributor address, City, State, Zip Code				
		Austin, TX 78759				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/18/2024	Texas Medical Association PAC)			¢7 500 00
	01/10/2024					\$7,500.00
		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 (\$)	
	01/23/2024	Wholesale Beer Distribution PAC	/			\$1,000.00
	01/23/2024					\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

			-				
The Instru	iction Guide explains how to complete this f	1	Total pages Schedule A2: Sch: 1/1 Rpt: 13/25				
2 FILER NAME			3				
	izabeth (The Honorable)		00084192				
⁴ 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			
01/25/2024				contribution (\$) description \$251.12 Food/Beverage			
	7 Contributor address; City; State; Zip Code						
	Austin, TX 78701						
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	- 11	Check if travel outside of Texas. Complete Sch JDICIAL) (See instructions)	iedule T.		
Education C		Casey Moak LLC	50				
	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FC	OR JUDICIAL) (See instructions)			
			(······, · · · · · · · · · · · · · · · ·			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)			
16 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 I In-kind contribution			
01/23/2024	— • —			contribution (\$) description			
	Contributor address; City; State; Zip Code			\$300.00 Fundraising I			
	Austin, TX 78729			Check if travel outside of Texas. Complete Sch	nedule T.		
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)					
Fundraiser		Self-Employed					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
1							

PLEDGED CONTRIBUTIONS SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 14/25 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	SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 15/25
2 FILER NAME Campos, Elizabeth (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084192
⁴ 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 8 Lender address; City; State; Zip Code financial institution?	10 Interest Rate
	11 Maturity Date
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)	Instructions)
14 Description of Collateral 15 Check if persona None	al funds were deposited into political account (See Instructions)
16 GUARANTOR 17 Name of guarantor INFORMATION	19 Amount Guaranteed (\$)
not applicable 18 Guarantor address; City; State; Zip Code	
20 Principal occupation 21 Employer (See I	Instructions)

	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/Reimburseme 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:	· · ·	3 Filer ID (Ethics Commission Filers)							
1	Sch: 1/10 Rpt: 16/25	Campos, Elizabeth (The Honorable)	00084192							
4	Date	Payee name	· ·							
	01/07/2024	AT&T Payment								
6	Amount (\$) \$384.10	Payee address; City; State; Zip Code 1 Dali Blvd								
		St. Petersburg, FL 33701								
8	PURPOSE OF EXPENDITURE	OF Office Overbead/Pental Expanse								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/08/2024	Amazon								
	Amount (\$) \$327.43	Payee address;City;State;Zip Code410 Terry Avenue North Seattle								
		North Seattle, WA 98109								
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Supplies							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/17/2024	Apple								
	Amount (\$) \$20.80	Payee address; City; State; Zip Code 1 Apple Park Way								
		Cupertino, CA 95014								
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense 20							
	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		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: 2/10 Rpt: 17/25	Campos, Elizabeth (The Honorable)	00084192						
4	Date 01/18/2024	5 Payee name Chick Fil A							
6	Amount (\$) \$76.42	 Payee address; City; State; Zip Code 4110 S. New Braunfels San Antonio, TX 78223 							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: 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 Office sought	Office held						
	Date	Payee name							
	01/09/2024	Chili's							
	Amount (\$) \$97.39	Payee address; City; State; Zip Code 3230 SE Military Drive							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Dd/Beverage						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/07/2024	Circle K							
	Amount (\$) \$98.67	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 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					Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/10 Rpt: 18/25		mpos, Elizabeth (T	he Honorable)				00084192	
4	Date 01/12/2024		yee name rcle K						
6	Amount (\$) \$42.61	69	yee address; City 10 S Flores St In Antonio, TX 7821		Zip Co	le			
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder na	me C	Office sou	ht		Office he	ld
	Date	Pa	yee name						
	01/14/2024	Ci	rcle K						
	Amount (\$) \$45.56	69	yee address; City 10 S Flores St In Antonio, TX 7821		Zip Co	le			
	PURPOSE OF EXPENDITURE		tegory _{(See Categories li} avel In District	sted at the top of this sch	edule)			de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder na	me C	Office sou	ht		Office he	łld
	Date	Pa	yee name						
	01/24/2024	Ex	xon						
	Amount (\$) \$59.63		yee address; City 3 Fair Ave	; State;	Zip Co	le			
		Sa	n Antonio, TX 7822	3					
	PURPOSE OF EXPENDITURE		tegory _{(See Categories li} avel In District	sted at the top of this sch	edule)			de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder na	me C	Dffice sou	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						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: 4/10 Rpt: 19/25		Campos, Elizabeth (The Honorab	le)				00084192			
4	Date	5	Payee name								
	01/13/2024		FEDEX								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$135.31		7900 Legacy Drive								
			Diana TX 75024								
			Plano, TX 75024								
8	PURPOSE OF		Category (See Categories listed at the top of	this sche	edule)	b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Office Overhead/Rental Expense					, officeholder living expense			
						Mailing					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	0	Office soug	ht		Office held			
	Date		Payee name								
	01/02/2024		Google G Suite								
	Amount (\$)		Payee address; City;	State;	Zip Coo	le					
	\$10.81		1600 Amphitheatre Pkwy								
			Mountain View, CA 94043								
	PURPOSE OF		Category (See Categories listed at the top of	this sche	edule)	b) Description					
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T. , officeholder living expense			
						Computers/S					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	0	Office soug	ht		Office held			
	Data	-									
	Date 01/23/2024		Payee name Google G Suite								
				Ctoto	Zin Cor						
	Amount (\$) \$12.98		Payee address; City; 1600 Amphitheatre Pkwy	State,	Zip Coo	le					
	φ12.90		1000 Amphilinealle F Kwy								
			Mountain View, CA 94043								
	PURPOSE OF		Category (See Categories listed at the top of	this sche	edule)	b) Description					
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T. , officeholder living expense			
						Computers/S					
						F 2.000 0					
-	Complete ONLY if direct	C	andidate/Officeholder name	0	Office soug	ht		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	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials 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:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 5/10 Rpt: 20/25		Campos, Elizabeth (The Honora	ble)				00084192	
4	Date 01/16/2024		Payee name HEB						
6	Amount (\$) \$138.02		Payee address; City; 4100 S New Braunfels Ave San Antonio, TX 78223	State;	Zip Co	le			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Food/Beverage Expense	of this sche	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		andidate/Officeholder name	С	Office sou	ht		Office held	
	Date		Payee name						
	01/22/2024		HEB						
	Amount (\$) \$140.79		Payee address; City; 4100 S New Braunfels Ave San Antonio, TX 78223	State;	Zip Co	le			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Food/Beverage Expense	of this sche	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		andidate/Officeholder name	C	Office sou	ht		Office held	
	Date		Payee name						
	01/25/2024		J Alexander's						
	Amount (\$) \$280.32		Payee address; City; 255 E. Basse	State;	Zip Co	le			
			San Antonio, TX 78259						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Food/Beverage Expense	of this sche	edule)		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense I/Beverage	
	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 Poling 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:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 6/10 Rpt: 21/25	Campos, Elizabeth (The Honorable)	00084192						
4	Date 01/22/2024	Payee name KLMO Radio							
6	Amount (\$) \$500.00	 Payee address; City; State; Zip Code 4241 E Piedras Dr Ste. 181 San Antonio, TX 78228 							
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, 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							
	01/03/2024	Las Palapas							
	Amount (\$) \$92.28	Payee address; City; State; Zip Code 3039 SE Military Dr San Antonio, TX 78223							
	PURPOSE OF EXPENDITURE) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	el outside of Texas. Complete Schedule T. tin, 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							
	01/13/2024	Next Day Shirts							
	Amount (\$) \$246.16	Payee address;City;State;Zip Code3919 S. Presa							
		San Antonio, TX 78223							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, 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	/ - I Comr	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	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 F	ILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 7/10 Rpt: 22/25		Campos, Elizabeth (The Honorable)				00084192				
4	Date 01/21/2024		Payee name Olive Garden								
6	Amount (\$) \$79.08	7 Payee address; City; State; Zip Code \$79.08 33147 SE Military Drive San Antonio, TX 78223									
8 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							officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office sou	ght		Office held				
	Date	F	ayee name								
	01/11/2024	F	ena, Emilio								
	Amount (\$) \$1,600.00	7	ayee address; City; State 310 Westville Dr an Antonio, TX 78227	e; Zip Co	de						
	PURPOSE OF EXPENDITURE	(a) (addry theories, TYX FOLL I ategory (See Categories listed at the top of this sc dvertising Expense	hedule)		I, TX	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office sou	ght		Office held				
	Date	F	ayee name								
	01/12/2024	F	ena, Emilio								
	Amount (\$) \$2,740.00		ayee address; City; State 310 Westville Dr	e; Zip Co	de						
		5	an Antonio, TX 78227								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of this sc dvertising Expense	hedule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> 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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Offic Polli Prin Sala	ce Overh ing Expe ting Exp aries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense	
1	Total pages Schedule F1:	2					3	Filer ID	(Ethics Commission Filers)	
-	Sch: 8/10 Rpt: 23/25	-	Campos, Elizabeth (The Honorable)					00084192	(
4	Date 01/20/2024	5	Payee name Pena, Emilio							
6	Amount (\$) \$2,250.00	7	7 Payee address; City; State; Zip Code 7310 Westville Dr San Antonio, TX 78227							
8	PURPOSE OF EXPENDITURE	OF Advertising Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e soug	nt		Office held	d	
	Date		Payee name							
	01/02/2024		Professional Campaign Services							
	Amount (\$) \$3,000.00		Payee address; City; Sta 5 Turin Ct	ite; Zip	o Cod	е				
			San Antonio, TX 78257							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Advertising Expense	schedule)	(n, TX,	ide of Texas. Compl , officeholder living e		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	soug	nt		Office held	d	
	Date		Payee name							
	01/16/2024		Professional Campaign Services							
	Amount (\$) \$5,000.00		Payee address; City; Sta 5 Turin Ct	ite; Zip	o Cod	e				
			San Antonio, TX 78257							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Advertising Expense	schedule)	(n, TX	ide of Texas. Compl , officeholder living e		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e soug	nt		Office held	d	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F	vent Expense ees ood/Beverage Expens ift/Awards/Memorials I egal Services		Office Over Polling Exp Printing Exp			Travel in District Travel Out of Dis	quipment & Related Expense
	Credit Card Payment		1	he Instruction Gu	ide explains l	how to con	nplete this form.			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 9/10 Rpt: 24/25		Campos, Eliz	abeth (The Ho	norable)				00084192	
4	Date	5	Payee name							
	01/12/2024		Roland Gutie	rrez Campaign						
6	Amount (\$)	7	Payee address	;; City;	State;	Zip Coo	le			
	\$1,000.00		P.O. Box 152	32						
			San Antonio,	TX 78212						
8	PURPOSE	(a)	Category (See	Categories listed at th	a tap of this coh	odulo)	(b) Description			
-	OF			Donations Ma		edule)		el outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE			ficeholder/Polit		ittee			, officeholder living	expense
							Contribution	US	Senate	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	C	Office soug	ıht		Office he	ld
	Date		Payee name							
	01/02/2024		Spectrum Vo	IP						
	Amount (\$)		Payee address	; City;	State;	Zip Coo	le			
	\$203.31		2900 Gatewa	ıy Dr.						
	Ste. 620									
			Irving, TX 75	063						
_	PURPOSE	(a)	Category (see	Categories listed at th	o top of this sch	odulo)	(b) Description			
	OF EXPENDITURE			ead/Rental Exp		culic)		el outs	ide of Texas. Com	plete Schedule T.
	EXPENDITORE								, officeholder living	expense
							Office Phon	e int	ernet	
			Develiate to 1015 a			D.(f)			0.000	14
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	enolder name	Ĺ	Office soug	Int		Office he	20
	Date		Payee name							
	01/09/2024		Switchboard							
	Amount (\$)		Payee address	;; City;	State;	Zip Coo	le			
	\$139.73		P.O. Box 334	85						
			Washington,	DC 20043						
	PURPOSE OF	(a)		Categories listed at th	e top of this sche	edule)	(b) Description			
	EXPENDITURE		Advertising E	xpense					ide of Texas. Com , officeholder living	
							Voter Conta		,	
-	Complete ONLY if direct	L(Candidate/Office	eholder name	C	Office soug	ht		Office he	ld
	expenditure to benefit C/OI									
-										

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 7	Fotal pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 10/10 Rpt: 25/25	Campos, Elizabeth (The Honorable)	00084192				
4 C	-	5 Pavee name					
	01/14/2024	The Haven Southtown					
6 A	Amount (\$) \$85.55	 Payee address; City; State; Zip Code 1032 S Presa St. San Antonio, TX 78210 					
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense	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	Candidate/Officeholder name Office sought DH	Office held				
[Date	Payee name					
C	01/19/2024	USPS					
/	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,568.25	3918 Clark Ave San Antonio, TX 78223					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mailing				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				