CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00084192	sion Filers)	2 Total pages fil	ed: 4
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE (JSE ONLY
OFFICEHOLDER NAME	The Honorable	Elizabeth			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LACT		CUETIV	07/15/2024	
	NICKNAME Liz	LAST		SUFFIX	0111312024	
	LIZ	Campos				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	1028 Rigsby					_
ADDRESS					Receipt #	Amount
Change of Address	San Antonio, TX 78210					
					Date Processed	
					Date Imaged	
					Date illiaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>l</u>	
TREASURER		Joe		1411		
NAME	IVII.	306				
	NIO(4) A LA					
	NICKNAME	LAST		SUFFIX		
		Campos				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE
ADDRESS	1035 Rigsby					
(Residence or Business)						
	San Antonio, TX 78210					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	VTENCION			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(210) 931-8922					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	mnaign treasurer
] oour day belore		L	appointment (office	
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Atta	ach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	02/25/2024	TH	IROUGH	06/30/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
				□ '		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
III OFFICE	State Representative Distr	ict 119 Bexar			ative District 119	
	State Representative Distr	ict 115 Bexui		State Represent	anve District 113	
	<u> </u>					
		GO T	O PAGE 2			
1						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 54

13 C / OH NAME	Campos, Elizabeth (1	he Honorable)		14 Filer ID 00084192	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted These expenditures may have officeholders are required to r	been made without to	he candidate's or offi	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
ш	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TR	REASURER NAME			
		COMMITTEE CAMPAIGN TR	REASURER ADDRES	S		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUT ES OF LOANS, OR CONTRIBU			s, \$	561.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUAR	ANTEES OF LOANS)	\$	31,988.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITU	RES		\$	4,421.32
	4. TOTAL POLITIC	AL EXPENDITURES			\$	84,418.95
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTA RIOD	AINED AS OF THE LA	AST DAY OF THE	\$	111,952.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTA TING PERIOD	ANDING LOANS AS	OF THE LAST DAY	\$	1,267.65
17 AFFIDAVIT		true and co	affirm, under penalty orrect and includes al 15, Election Code.			
			The Honora	able Elizabeth Can	npos	
			Signature of	Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
		ertify which, witness my hand a				
Signature of office	cer administering	Printed name of officer a	dministering	Title of offic	er administer	ing oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 54

				3 of 54
18 FILER NAM Campos, I	(Ethics Comr	nission Filers)		
	E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	24,811.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	7,177.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X	SCHEDULE E: LOANS		\$	0.00
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
6. X	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	\$		
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				
			-	

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/6 Rpt: 4/54	
2	FILER NAME Campos, Eliz	zabeth (The Honorable)			3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 06/20/2024	 5 Full name of contributor out-of-state PAC (ID Amato, Charles E. 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$1,000.00
_		San Antonio, TX 78216		5 1 (0 1 : :	_		
8	Executive	pation / Job title (See Instructions)	9	Employer (See Instructions SWBC	5)		
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID Ancira, April Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$500.00
	Principal occu	Boerne, TX 78015 pation / Job title (See Instructions)	1	Employer (See Instructions	?) 		
	Vice President Ancira Auto Group			"			
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID Assoc of Texas Professional Educators ATPE Contributor address; City; State; Zip Code	E-PA			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78752					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 06/20/2024	Full name of contributor out-of-state PAC (ID Barrett, Daniel Thomas Contributor address; City; State; Zip Code San Antonio, TX 78212			•	Amount of Contribution (\$)	\$100.00
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions SWBC	5)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID Burney, Frank Contributor address; City; State; Zip Code San Antonio, TX 78205)		Amount of Contribution (\$)	\$250.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Barrett Insurance Agend			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/54		
2	FILER NAME Campos, Eli	zabeth (The Honorable)		3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 03/04/2024	5 Full name of contributor out-of-state PAC (ID#:_ CRAFTPAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78765				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 06/24/2024	Full name of contributor out-of-state PAC (ID#:_ Conn Appliance, Inc. Employee PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	The Woodlands, TX 77381 upation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/18/2024	Full name of contributor out-of-state PAC (ID#:_ Goodell, Deborah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Dringing Lagge	Wimberly, TX 78676	Fandayar (Coo Instructions			
	Attorney	ipation / Job title (See Instructions)	Employer (See Instructions) Deborah Goodell Polan,			
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_ Howard Energy Partners PAC Contributor address; City; State; Zip Code San Antonio, TX 78256)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_Kirk, Kevin Contributor address; City; State; Zip Code San Antonio, TX 78257)		Amount of Contribution (\$)	\$500.00
	Principal occur Orthopedic S	pation / Job title (See Instructions) Surgeon	Employer (See Instructions Self-Employed)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 3/6 Rpt: 6/54			
2	FILER NAME Campos, Eli	zabeth (The Honorable)		3	Filer ID (Ethics Commission 00084192	on Filers)		
4	Date 06/12/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00		
_	<u></u>	Austin, TX 78760						
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 06/20/2024	Full name of contributor out-of-state PAC (ID#:_Macon, Jane Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Dringing Logg	San Antonio, TX 78205	Employer (Co.) Instructions					
	Public Relati	ipation / Job title (See Instructions) ions	Employer (See Instructions Bracewell & Giuliani) 				
	Date 06/20/2024	Full name of contributor out-of-state PAC (ID#: Montford, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00		
		San Antonio, TX 78257						
	Principal occu President	ipation / Job title (See Instructions)	Employer (See Instructions JTM Consulting)				
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ NUSTAR PAC Contributor address; City; State; Zip Code San Antonio, TX 78278)		Amount of Contribution (\$)	\$5,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Pape - Dawson Engineers PAC Contributor address; City; State; Zip Code San Antonio, TX 78213)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)				

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/54	
2	FILER NAME Campos, Eliz	zabeth (The Honorable)			3	Filer ID (Ethics Commission 00084192	n Filers)
4	Date 03/08/2024	 Full name of contributor out-of-state PAC Parkinson, Thomas Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$100.00
8	Dringing oggu	San Antonio, TX 78217 pation / Job title (See Instructions)	lo.	Employer (See Instructions			
0	Retired	pation / Job title (See Instituctions)	3	Retired) 		
	Date 06/30/2024	Full name of contributor out-of-state PAC Parkinson, Thomas Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Deinsinal assu	San Anttonio, TX 78218	<u> </u>	Frankrijer (Cookrativistiere			
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/10/2024	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$500.00
		Edinburg, TX 78539					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Pathfinder Public Affairs			
	Date 06/11/2024	Full name of contributor out-of-state PAC Snowden, Tara Contributor address; City; State; Zip Code Spring Branch, TX 78070)		Amount of Contribution (\$)	\$250.00
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions Zachary Group	5)		
	Date 06/20/2024	Full name of contributor out-of-state PAC Spector, Morris Contributor address; City; State; Zip Code San Antonio, TX 78212)		Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	 s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/54		
2	FILER NAME Campos, Eliz	zabeth (The Honorable)		3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 03/04/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_	Deignaignal annu	San Antonio, TX 78201	O Familia van (Con Inntervention			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/21/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Society of Architects Committee Contributor address; City; State; Zip Code Austin, TX 78702			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_ USAA Employee Political Action Committee Contributor address; City; State; Zip Code San Antonio, TX 78760			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#: WALPAC for Responsible Gov PAC Walmart Inc Contributor address; City; State; Zip Code Bentonville, TX 72716)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
uction Guide explains how to comple	te this form.	1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/54
E lizabeth (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084192
 Full name of contributor out-of-state Zachry Corp PAC Contributor address; City; State; Zip Code 	PAC (ID#:)	7 Amount of Contribution (\$) \$1,000.0
San Antonio, TX 78265		
upation / Job title (See Instructions)	9 Employer (See Instruction	s)
	izabeth (The Honorable) 5 Full name of contributor ut-of-state Zachry Corp PAC 6 Contributor address; City; State; Zip Code	izabeth (The Honorable) 5 Full name of contributor out-of-state PAC (ID#:) Zachry Corp PAC 6 Contributor address; City; State; Zip Code San Antonio, TX 78265

	RIBUTIONS	<u>_</u>	SCHEDULE A2
The Instru	uction Guide explains how to complete this 1	1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/54	
2 FILER NAME Campos, E	E lizabeth (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084192
4 TOTAL OI	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$ 0.0
5 Date 02/29/2024 6 Full name of contributorout-of-state PAC (ID#:) Charter Schools Now PAC 7 Contributor address; City; State; Zip Code Austin, TX 78704		8 Amount of contribution (\$) In-kind contribution description \$7,177.00 Direct Mail	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	·
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B
Т	he Instruction Guide exp	plains how to comple	ete this form.	1	Total pages Scho	
2 FILER N	AME s, Elizabeth (The Honorable)			3		thics Commission Filers)
4 TOTAL	OF UNITEMIZED PLEDO	GES			\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:)	8	Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Code				
					Check if travel ou	tside of Texas. Complete Schedule T
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See Instru	ucti	ons)	

LOANS	SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 12/54
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 financial institution? 8 Lender address; City; State; Zip Code	
	11 Maturity Date
12 Principal occupation / Job title (See Instructions) 13 Employer	(See Instructions)
14 Description of Collateral None 15 Check if p	personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)
not applicable 18 Guarantor address; City; State; Zip Cod	le
20 Principal occupation 21 Employer	(See Instructions)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/42 Rpt: 13/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/20/2024	3D Signs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,570.49	7986 1st Somerset
		Somerset, TX 78069
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Signs
		Gigits
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	D :	
	Date	Payee name
	04/09/2024	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.78	403 Fair Avenue
		San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas
		Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/04/2024	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.52	403 Fair Avenue
		San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Compaign Food/Reverage
		Campaign Food/Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office acusts
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 2/42 Rpt: 14/54	Campos, Elizabeth (The Honorable) 00084192	
4	Date	5 Payee name	
	06/26/2024	7-Eleven	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$70.99	403 Fair Avenue	
		San Antonio, TX 78223	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Campaign Food/Beverage	
		Campaigh Food/Beverage	
<u>_</u>	Complete ONU V if alice	Condidate/Officeholder name Office sought	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/10/2024	AT&T Payment	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$643.01	1 Dali Blvd	
		St. Petersburg, FL 33701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Monthly Fee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	5 .		
	Date	Payee name	
	04/07/2024	AT&T Payment	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$516.98	1 Dali Blvd	
		St. Petersburg, FL 33701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Monthly Fee	
_	Operation ONE V. C. F.	On didn't 10 ff a balden name	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 3/42 Rpt: 15/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	05/07/2024	AT&T Payment
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$335.07	1 Dali Blvd
		St. Petersburg, FL 33701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Monthly Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
	Date	Payee name
	06/03/2024	AT&T Payment
	Amount (\$)	Payee address; City; State; Zip Code
	\$656.76	1 Dali Blvd
		St. Petersburg, FL 33701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly Fee
		Worldiny Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 06/05/2024	Payee name AT&T Payment
	Amount (\$)	Payee address; City; State; Zip Code
	\$360.80	1 Dali Blvd
		St. Petersburg, FL 33701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly Fee
		indiany 1 dd
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributing 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)
	Sch: 4/42 Rpt: 16/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/19/2024	Acosta Rivera, Diane
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	9943 Ramblin River Rd
		San Antonio, TX 78251
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Contribution for funeral Jordan Rivera, deceased
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	03/11/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$348.81	410 Terry Avenue North Seattle
		North Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign/Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/22/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$146.78	410 Terry Avenue North Seattle
	Ψ140.10	410 Terry / Werlac World Scalac
		North Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign/Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/42 Rpt: 17/54	Campos, Elizabeth (The Honorable)	00084192
4	Date	Payee name	
	04/19/2024	Amazon	
6	Amount (\$)	Payee address; City; State; Zip Code)
	\$426.35	410 Terry Avenue North Seattle	
		North Seattle, WA 98109	
8	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Campaign/Office Supplies
			Campaign Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI	Canada Canada Name	
_	Date	Payee name	
	05/15/2024	Amazon	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$183.97	410 Terry Avenue North Seattle	
	¥ 2 55.5.		
		North Seattle, WA 98109	
	PURPOSE		Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·	Check if Austin, TX, officeholder living expense
			Campaign/Office Supplies
	Complete ONL V if direct	Candidate/Officeholder name Office sough	t Office held
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder frame Office Sough	diffice field
_	Data		
	Date 06/14/2024	Payee name Amazon	
	Amount (\$) \$157.35	Payee address; City; State; Zip Code 410 Terry Avenue North Seattle	•
	Φ157.35	410 Terry Avenue North Seattle	
		North Seattle, WA 98109	
	DUDDOCE		A 5
	PURPOSE OF) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overflead/Neffici Expense	Check if Austin, TX, officeholder living expense
			Campaign/Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/42 Rpt: 18/54	Campos, Elizabeth (The Honorable)	00084192
4	Date	5 Payee name	·
	04/02/2024	American Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$809.96	1 Skyview Drive	
		Fort Worth, TX 76155	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	LXFLINDITORL		Check if Austin, TX, officeholder living expense
			Airline Ticket to Dallas
_	Operation ONLY if allowed	Octobrillate 10ff asked language	Office hald
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/02/2024	American Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$809.96	1 Skyview Drive	
		Fort Worth, TX 76155	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Airline Ticket to Dallas
			7 mile Floret to Builds
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payee name	
	03/17/2024	Apple	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.81	1 Apple Park Way	
	Ψ10.01	1 Apple Fair Way	
		Currenting CA 05014	
		Cupertino, CA 95014	
	PURPOSE OF	, ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
			Monthly Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
ı			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/42 Rpt: 19/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/21/2024	Apple
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly Fee
		Wionany Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	04/20/2024	Apple
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly Fee
		Monthly Fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davida marra
	05/21/2024	Payee name
L		Apple
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.42	1 Apple Park Way
		Cupertino, CA 95014
1	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Monthly Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/42 Rpt: 20/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	06/20/2024	Apple
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly Fee
		Worlding 1 CC
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	03/08/2024	Betty's Flowers
┝	Amount (\$)	
	\$184.50	1701 SW Military Drive
L		San Antonio, TX 78221
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Funeral Services
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/06/2024	Betty's Flowers
H	Amount (\$)	Payee address; City; State; Zip Code
	\$220.78	1701 SW Military Drive
	¥==00	
		San Antonio, TX 78221
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Funeral Services
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefft C/OI	<u> </u>

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/42 Rpt: 21/54	Campos, Elizabeth (The Honorable)	00084192
4 Date	5 Payee name	· ·
06/14/2024	Betty's Flowers	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$199.32	1701 SW Military Drive	
	San Antonio, TX 78221	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Funeral Services
0. Complete ONLY if direct	Candidate/Officeholder name Office s	Update Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ought Office field
Data	Гъ	
Date	Payee name	
03/06/2024	Bill Miller	
Amount (\$)	Payee address; City; State; Zip (Code
\$90.42	2750 Bill Miller Lane	
	San Antonio, TX 78223	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/OI	Ч	
Date	Payee name	
04/01/2024	Bobbie's Caf	
Amount (\$)	Payee address; City; State; Zip	Code
\$161.38	6728 A. Flores	
	San Antonio, TX 78229	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
Complete ONLY if direct	Candidate/Officeholder name Office s	Dught Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ought Onlice Held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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)
1	Sch: 10/42 Rpt: 22/54	2 FILER NAME Campos, Elizabeth (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084192
4	Date	5 Payee name
	06/03/2024	Bourbon Street
6	Amount (\$) \$52.36	7 Payee address; City; State; Zip Code 103 9th Street San Antonio, TV 79229
_		San Antonio, TX 78228
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense 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/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/28/2024	Campos, Henry
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	1032 Rigsby
		San Antonio, TX 78210
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense July 4th Event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2024	Campos, Joe
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1035 Rigsby
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Work
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orders extended that is a second or secon

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/42 Rpt: 23/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	04/03/2024	Campos, Joe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	1035 Rigsby
		San Antonio, TX 78210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Work
		Campaigh Work
_	0 1: 0 11 1 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/27/2024	Campos, Joe
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1035 Rigsby
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Campaign Work
		Campaign Work
	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/17/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.51	1901 S. New Braunfels
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/42 Rpt: 24/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	04/25/2024	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.75	1901 S. New Braunfels
		San Antonio, TX 78210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Food/Beverage
		Campaight oour beverage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	Para a same
	Date	Payee name
	06/02/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.58	1901 S. New Braunfels
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Food/Beverage
		Campaigh Food/Beverage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	06/19/2024	City of SA Development Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$154.50	1901 S. Alamo
		San Antonio, TX 78204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense July 4th Event
		July 4th Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 13/42 Rpt: 25/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
l	05/19/2024	Con Amor Cocina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.47	2314 Steve Ave
l		
l		San Antonio, TX 78210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Campaign Food/Beverage
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡	·	
l	Date	Payee name
L	03/16/2024	Constant Contact
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$460.58	1601 Trapelo Rd
l		
		Waltham, MA 24510
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Social Media
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
l	06/28/2024	Dollar General
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$76.51	2114 Goliad
l		
l		San Antonio, TX 78210
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	The state of the s	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/42 Rpt: 26/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/21/2024	Dusty's Flowers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$115.76	26 Burwood
		San Antonio, TX 78229
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		Flores for Funeral
_	Operation ONLY if allowed	Our did to 10 ff as had done as many
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	04/19/2024	Dusty's Flowers
	Amount (\$)	Payee address; City; State; Zip Code
	\$235.94	26 Burwood
		San Antonio, TX 78229
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Funeral Services
		. 4.10.41.50.11035
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/14/2024	Easy Baby
	Amount (\$)	Payee address; City; State; Zip Code
	\$142.64	875 E. Ashby
	Ψ142.04	073 E. ASHBY
		Can Antonia TV 70220
	DUDDOS-	San Antonio, TX 78228
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/42 Rpt: 27/54	Campos, Elizabeth (The Honorable) 00084192
4 Date	5 Payee name
03/25/2024	Emyan Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$800.00	25114 Orchard Acres
	San Antonio, TX 78261
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Social Media
	Social Media
O Commission Chill M If all	Condidate/Office helder no rec
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/23/2024	Express News
Amount (\$)	Payee address; City; State; Zip Code
\$15.96	420 Broadway
	San Antonio, TX 78205
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Monthly Fee
	I monany i oo
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
<u> </u>	T _
Date	Payee name
04/19/2024	Express News
Amount (\$)	Payee address; City; State; Zip Code
\$15.96	420 Broadway
	San Antonio, TX 78205
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
_/	Check if Austin, TX, officeholder living expense
	Monthly Fee
Complete ONLY Station	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

expense Travel in District
Expense Travel Out of D
Wages/Contract Labor OTHER (enter

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/42 Rpt: 28/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	05/18/2024	Express News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.95	420 Broadway
		San Antonio, TX 78205
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
⊨	Date	Davies same
	06/18/2024	Payee name
L		Face Painting
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	11130 Lone Shadow
		San Antonio, TX 78249
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense July 4th Event
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
H	Date	Payee name
	06/02/2024	First Watch
	Amount (\$) \$69.80	Payee address; City; State; Zip Code 830 NW Loop 410
	φ09.60	630 NW LOOP 410
		Con Antonio TV 700F0
		San Antonio, TX 78259
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval outside of Taxas, Complete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 17/42 Rpt: 29/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	06/13/2024	GoFund Me
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$147.50	500 Arguello
l		
		Redwood, CA 94063
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contribution Jenny Lozano
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit 6/61	
	Date	Payee name
	03/15/2024	Godaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.55	2155 E. GoDaddy Way
		Tempe, AZ 85284
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Social Media
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
┝	Date	Davida marra
l	04/22/2024	Payee name Godaddy
┝		
l	Amount (\$) \$18.11	Payee address; City; State; Zip Code 2155 E. GoDaddy Way
l	φ10.11	2133 E. Gobaddy Way
l		Tarres A7 05004
L		Tempe, AZ 85284
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Social Media
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		
ı		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/42 Rpt: 30/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	06/02/2024	Godaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.11	2155 E. GoDaddy Way
		Tempe, AZ 85284
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Social Media
		Social Media
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/22/2024	Godaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.11	2155 E. GoDaddy Way
		Tempe, AZ 85284
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Social Media
		Sooidi Media
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/05/2024	Gonzales, Analesa
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,700.00	2602 Hiawatha
		04.4
		San Antonio, TX 78210
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 19/42 Rpt: 31/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/05/2024	Gonzales, Analesa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	2602 Hiawatha
	l	
		San Antonio, TX 78210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	l	Fundraising
	l	, and along
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
5	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/30/2024	Gonzales, Analesa
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	2602 Hiawatha
	l	
	l	San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Fundraising
	l	Fundraising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/16/2024	Gonzales, Analesa
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	2602 Hiawatha
	l	
	l	San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
	l	July 4th Event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	— experientare to benefit eye.	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/42 Rpt: 32/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	05/24/2024	Gonzalez, Veronica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,500.00	25114 Orchard Acres
		San Antonio, TX 78261
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense
		Fundraising
_	Operation ONLY if allowed	Our did to 10 ff as had done as many
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	04/11/2024	Good Time Charles
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.82	2922 Broadway
		San Antonio, TX 78228
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
		Gampaigin oca 25 totage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/02/2024	Google Suite
	Amount (\$)	
	\$29.02	1600 Amphitheatre Pkwy
		M
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Computers/Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/42 Rpt: 33/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/23/2024	Google Suite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.98	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Computers/Software
		Computers/Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Dougo nama
		Payee name
	04/02/2024	Google Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.78	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Computers/Software
		Computers/Software
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/23/2024	Google Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.98	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Computers/Software
		Computers/Software
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/42 Rpt: 34/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	05/02/2024	Google Suite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Computers/Software
		Computers/Software
_	Occupated ONLY if alice at	Our did to 10 ff as had done as many
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	05/23/2024	Google Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.98	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Computers/Software
		Computer of Continue
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	06/02/2024	Payee name Google Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Computers/Software
		Computers/Software
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Sift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	· · - · · (- · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	2 FILER NAME 3 Fil	er ID (Ethics Commission Filers)
	Sch: 23/42 Rpt: 35/54	Campos, Elizabeth (The Honorable)	084192
4	Date	5 Payee name	
	06/23/2024	Google Suite	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.98	1600 Amphitheatre Pkwy	
		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	f Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, office	
		Computers/Softwar	re .
_	Operation ONLY if allowed	One distance (Office health as a second	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	03/06/2024	Gutierrez, Salvador	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$180.00	2114 Steves Ave	
		San Antonio, TX 78210	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	f Texas. Complete Schedule T.
		Check if Austin, TX, office DJ Election Night	ceholder living expense
		D3 Election Night	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
	Date	Pouse name	
	03/06/2024	Payee name Gutierrez, Salvador	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	2114 Steves Ave	
		San Antonio, TX 78210	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Check if Austin, TX, office	f Texas. Complete Schedule T.
		July 4th event	actional living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		220 1.0.0
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/42 Rpt: 36/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	05/12/2024	Gutierrez, Salvador
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$180.00	2114 Steves Ave
		San Antonio, TX 78210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Be Well DJ
		be Well DJ
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/27/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$289.82	4100 S New Braunfels Ave
		San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Food/Beverage
		Campaight 600/Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	04/05/2024	Payee name HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$197.41	4100 S New Braunfels Ave
l		
		San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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.
	OF	(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
	OF	(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.
	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
	OF	(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 Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(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 Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(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 Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mittee	Legal Services	•		ages	/Contract Labor		OTHER (enter	a category not listed a	oove)
	oroak oara'r aymone			The Instruction G	uide explains h	now to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 25/42 Rpt: 37/54	(Campos, Eli	zabeth (The H	onorable)					00084192		
4	Date	5	Payee name									
	04/26/2024		HEB									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$246.68	4	4100 S New	Braunfels Ave								
		;	San Antonio	, TX 78223								
8	PURPOSE	(a) (Category _{(Se}	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			age Expense		,		Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITORE							_		officeholder livin	g expense	
								Campaign Fo	od	/Beverage		
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	0	Office sou	ght			Office h	eld	
	Date		Payee name									
	05/12/2024		HEB									
	Amount (\$)	ı	Payee addres	s; City;	State;	Zip Co	de					
	\$229.33	4	4100 S New	Braunfels Ave								
		;	San Antonio	, TX 78223								
	PURPOSE	(a) (Category _{(Se}	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				<u></u>			nplete Schedule T.	
								—		officeholder livin	g expense	
								Campaign Fo	Jou	речетауе		
_	Complete ONLY if direct	<u> </u>	andidata/Offic	eholder name		Office sou	aht			Office h	old	
	expenditure to benefit C/OI		anuluale/Onic	enoluei name	O	nnce sou	ynı			Office i	leiu	
_												
	Date	l	Payee name									
	04/02/2024		IHOP									
	Amount (\$)	l	Payee addres		State;	Zip Co	de					
	\$68.56	;	3820 Broad	vay								
			San Antonio	, TX 78228								
	PURPOSE OF			e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense						de of Texas. Cor officeholder livin	nplete Schedule T.	
								Campaign Fo			y expense	
								Campaign 10	, ou	Doverage		
-	Complete ONLY if direct	C	andidate/Offic	eholder name	Ω	Office sough	aht			Office h	eld	
	expenditure to benefit C/OI				O	5000	9.16			Cinoc II		
\vdash												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	<u> </u>
1 Total pages Schedule F1:	
Sch: 26/42 Rpt: 38/54	Campos, Elizabeth (The Honorable) 00084192
4 Date	5 Payee name
04/15/2024	La Margarita
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$181.72	120 Produce
	San Antonio, TX 78210
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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
04/26/2024	La Margarita
Amount (\$)	Payee address; City; State; Zip Code
\$223.00	120 Produce
	San Antonio, TX 78210
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
	Compaign Food/Powerage
	Campaign Food/Beverage
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Ÿ
Data	
Date	Payee name
06/02/2024	Lulac Council
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	346 Senova Dr
	San Antonio, TX 78216
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense
	Check if Austin, TX, officeholder living expense
	Black and Gold Education Banquet
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/42 Rpt: 39/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	05/31/2024	MAJ Productions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$244.77	1136 W. Gerald #B
		San Antonio, TX 78211
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	
	Date	Payee name
	05/16/2024	Martinez, Isabel
	Amount (\$)	Payee address; City; State; Zip Code
	\$605.00	10611 Mclintock Dr
		Converse, TX 78109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/11/2024	Medina, Manuel
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,050.00	5 Turin Ct
		San Antonio, TX 78257
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Voter Contact
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	- SAPERIARIAN TO DETICITE C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 28/42 Rpt: 40/54	Campos, Elizabeth (The Honorable) 00084192	
4	Date	5 Payee name	
	04/27/2024	Mi Familia Restaurant	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.87	612 W. Commerce	
		San Antonio, TX 78228	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense Campaign Food/Beverage	
		Campaight 660/Beverage	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
_	Date	Payee name	=
	04/22/2024	Mi Terra	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$46.35	218 Produce	
	, , , , ,		
		San Antonio, TX 78229	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense Campaign Food/Beverage	
		Campaight 660/Beverage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Payee name	=
	03/11/2024	Mormando, Garrett	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$500.00	530 Elmhurst Ave	
		San Antonio, TX 78209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Campaign Work	
		Campaigh Work	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/42 Rpt: 41/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/22/2024	Olive Garden
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.73	3147 SE Military Drive
		San Antoni, TX 78223
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Food/Beverage
		Campaight oour beverage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Dato	Davies same
	Date	Payee name
	05/11/2024	Pancake Joe
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.55	1011 Donaldosn
		San Antonio, TX 78249
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Food/Beverage
		Campaigh Food/Beverage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/23/2024	Panchitos
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.56	4100 Mccullough
		San Antonio, TX 78229
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Food/Beverage
		Campaign 1 oour beverage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains how to c	ompl	olete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 30/42 Rpt: 42/54		Campos, Elizabeth (The Honorable)		00084192
4	Date	5	Payee name		<u>'</u>
	03/02/2024		Pena, Emilio		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$4,677.00		7310 Westville Dr		
			San Antonio, TX 78227		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE				Check if Austin, TX, officeholder living expense
					Phonebank
_	Opening ONE V if dispert		One distant Office Includes a second		A Coffice hald
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ugnt	t Office held
_		_			
	Date		Payee name		
	05/22/2024	L	Pena, Emilio		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$7,000.00		7310 Westville Dr		
			San Antonio, TX 78227		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Phonebank
					THO TO SALIK
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u>l</u> uaht	t Office held
	expenditure to benefit C/O			9	
	Date	Т	Payee name		
	03/05/2024		Professional Campaign Services		
	Amount (\$)	╁	Payee address; City; State; Zip C	oho.	
	\$1,700.00		5 Turin Ct	oue	•
	Ψ1,700.00		3 Turiii Ct		
			San Antonio, TX 78257		
	DUDD 0.05	ļ.,		14.	N -
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense		Check if Austin, TX, officeholder living expense
					Voter Contact
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/42 Rpt: 43/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/07/2024	Professional Campaign Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12,136.00	5 Turin Ct
		San Antonio, TX 78257
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Voter Contact
		Voici Contact
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	03/16/2024	Professional Campaign Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,076.55	5 Turin Ct
		San Antonio, TX 78257
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Voter Contact
		Voici Contact
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Device same
	Date 03/22/2024	Payee name Professional Campaign Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	5 Turin Ct
		San Antonio, TX 78257
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Voter Contact
		Voici Contact
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 32/42 Rpt: 44/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	05/17/2024	Professional Campaign Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12,000.00	5 Turin Ct
		Com Antonio TV 700F7
		San Antonio, TX 78257
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		General Consultant
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	1
	Date	Payee name
	04/06/2024	Rey Feo Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	4242 Woodcock Dr.
	φοσο.σσ	TETE WOODOOK DI.
		San Antonio, TX 78228
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorure to beriefit C/O	1
	Date	Payee name
	06/26/2024	Rosario's
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.35	722 S. St. Mary's
	Ţ.0.00	1 <u></u> 0. 0
		Con Antonio TV 70205
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	•
ı		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 33/42 Rpt: 45/54	Campos, Elizabeth (The Honorable)	00084192
4	Date	5 Payee name	
	06/09/2024	Rudy's Country	
6	Amount (\$) \$189.65	7 Payee address; City; State; Zip Code 24152 IH 10 West	
		San Antonio, TX 78259	
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Empaign Food/Beverage
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
Г	Date	Payee name	
	03/28/2024	Salazar, Gabriel	
	Amount (\$) \$906.10	Payee address; City; State; Zip Code 7123 Thrush View Lane #37 San Antonio, TX 78209	
	PURPOSE OF EXPENDITURE	Advertising Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Oter Contact
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 03/06/2024	Payee name San Antonio Five Diamonds	
	Amount (\$) \$350.00	Payee address; City; State; Zip Code 8214 S. Flores	
		San Antonio, TX 78229	
	PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/42 Rpt: 46/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/02/2024	Spectrum VoIP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$202.25	2900 Gateway Dr.
		Ste. 620
		Irving, TX 75063
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Phone internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	03/02/2024	Spectrum VoIP
	Amount (\$)	Payee address; City; State; Zip Code
	\$202.25	2900 Gateway Dr.
		Ste. 620
		Irving, TX 75063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Phone internet
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	05/03/2024	Spectrum VoIP
	Amount (\$)	Payee address; City; State; Zip Code
	\$202.25	2900 Gateway Dr.
		Ste. 620
		Irving, TX 75063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Phone internet
		Office Friorie memer
_		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 35/42 Rpt: 47/54	Campos, Elizabeth (The Honorable)	00084192
4	Date	5 Payee name	·
	06/02/2024	Spectrum VoIP	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$202.25	2900 Gateway Dr.	
		Ste. 620	
		Irving, TX 75063	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Office Phone internet
			Office Phone internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
,	expenditure to benefit C/O		Cilice field
_	Date	Davisa nama	
	06/20/2024	Payee name Star Stop	
	Amount (\$) \$42.48	Payee address; City; State; Zip Code 2142 East Southcross	
	\$42.48	2142 East Southcross	
		0 A TV 70000	
		San Antonio, TX 78223	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description Chask if traval sutside of Taylor Complete Schodule T
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Campaign Food/Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	04/08/2024	Sushi Zuschi	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$132.19	999 E. Basse	
		San Antonio, TX 78259	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Campaign Food/Beverage
	Complete ONII V if allow	Condidate Office helder non-	Office had
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/42 Rpt: 48/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	05/09/2024	Switchboard
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,447.23	PO Box 33485
		Washington, DC 20033
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Voter Contact
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
H	D-4-	
	Date	Payee name
	03/07/2024	Swtichboard
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,908.67	PO Box 33485
		Washington, DC 20033
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Voter Contact
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/13/2024	Swtichboard
	Amount (\$)	Payee address; City; State; Zip Code
	\$679.22	PO Box 33485
		Washington, DC 20033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Voter Contact
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	Complete ONLY if direct	- · · · · · · · · · · · · · · · · · · ·
	expenditure to benefit C/OI	1
	expenditure to benefit C/O	1
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	-
	Sch: 37/42 Rpt: 49/54	Campos, Elizabeth (The Honorable) Campos Ca	
4	Date	5 Payee name	
	04/09/2024	Swtichboard	
6	Amount (\$) \$223.11	7 Payee address; City; State; Zip Code PO Box 33485 Washington, DC 20033	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense Voter Contact	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	04/13/2024	Swtichboard	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$237.82	PO Box 33485	
	PURPOSE	Washington, DC 20033	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Voter Contact	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
L	04/27/2024	Swtichboard	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$216.00	PO Box 33485	
		Washington, DC 20033	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Voter Contact	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 38/42 Rpt: 50/54	Campos, Elizabeth (The Honorable)	00084192
4	Date	5 Payee name	•
	03/08/2024	Texas House LGBTQ Cacus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$421.37	1100 Congress Ave	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF EXPENDITURE	'	ravel outside of Texas. Complete Schedule T.
		Dues	Austin, TX, officeholder living expense
		Dues	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		060
_	Date	Payee name	
	04/05/2024	Texas State Directory	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$151.55	1800 Nueces	
	Ψ101.00	1000 Nucces	
		San Antonio, TX 78105	
	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	II ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice Overneau/Nental Expense I	Austin, TX, officeholder living expense
		Subscript	tion
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialitate to belieff of of	'	
	Date	Payee name	
	03/26/2024	Texas Tag	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$136.67	2420 Ridgepoint	
		Austin, TX 78103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overfiedd/Nertai Experise	ravel outside of Texas. Complete Schedule T.
		Toll Fees	Austin, TX, officeholder living expense
		16.11 666	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/42 Rpt: 51/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/07/2024	The Haven Southtown
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$189.46	1032 S Presa St.
		San Antonio, TX 78210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Food/Beverage
		Campaign records age
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	⊣
	Date	Payee name
	03/07/2024	The Haven Southtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$183.87	1032 S Presa St.
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
		Sampangan Same Crangg
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/20/2024	The Haven Southtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.16	1032 S Presa St.
		San Antonio, TX 78210
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/42 Rpt: 52/54	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	04/05/2024	The Haven Southtown
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.48	1032 S Presa St.
		San Antonio, TX 78210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Food/Beverage
		Campaight oour beverage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	Para a same
	Date	Payee name The House Couthtours
	04/21/2024	The Haven Southtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.12	1032 S Presa St.
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Food/Beverage
		Campaigh Food/Beverage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 05/17/2024	Payee name The Hoven Southtown
		The Haven Southtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.38	1032 S Presa St.
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Food/Beverage
		Campaign 1 oour beverage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 41/42 Rpt: 53/54	2 FILER NAME Campos, Elizabeth (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084192
4	Date 05/28/2024	5 Payee name The Haven Southtown
6	Amount (\$) \$38.09	7 Payee address; City; State; Zip Code 1032 S Presa St.
8	PURPOSE OF EXPENDITURE	San Antonio, TX 78210 (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 ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/26/2024	Payee name Times Market
	Amount (\$) \$52.98	Payee address; City; State; Zip Code 1910 Hackberry San Antonio, TX 78210
	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 ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/06/2024	Payee name VFW Post 827
	Amount (\$) \$1,454.25	Payee address; City; State; Zip Code 4436 Valley Field
		San Antonio, TX 78210
	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 ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Campos, Elizabeth (The Honorable) 00084192
5 Payee name
Walmart
7 Payee address; City; State; Zip Code
3302 SE Millitary Dr
San Antonio, TX 78223
(a) Category (See Categories listed at the top of this schedule) (b) Description
Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense
Campaign Food/Beverage
Candidate/Officeholder name Office sought Office held