#### FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00068678 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Donna Campbell Date Received **ELECTRONICALLY FILED** 10/07/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1308 Common Street Ste 205 Box 719 Date Hand-delivered or Date Postmarked Change of Address New Braunfels, TX 78130 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. John NAME NICKNAME LAST **SUFFIX** Steen STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1 E. Greenway Plz., Ste. 225 STREET **ADDRESS** (Residence or Business) Houston, TX 77046 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1 E. Greenway Plz., Ste. 225 MAILING **ADDRESS** Houston, TX 77046 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 526-3399 PHONE REPORT X 30th day before election January 15 Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Year Month Day COVERED **THROUGH** 09/26/2024 07/01/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 11/05/2024 χ General Special

Forms provided by Texas Ethics Commission

GO TO PAGE 2
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Version V4.1.0.48da51f7

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

Donna Campbell	12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Donna Campbell	Friends of Donna Camp	bell		00068678	
Candidate   Candidate   Candidate   Candidate   Candidate   Officeholder   Offi	14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME		
DESCRIPTION	PURPOSE		Donna Campbell		
Officeholder   Officeholder   Officeholder   State Senator	paper to complete this	X Candidate			
SUPPORT (Candidate or Measure) OPPOSE (Candidate or Measure) OPPOSE (Candidate or Measure) OPPOSE (Candidate or Measure) OPPOSE (Candidate or Measure) DESCRIPTION  15 CONTRIBUTION TOTALS  1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALITY, UNLESS ITEMIZED  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ \$129,500.00  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ \$0.00  4. TOTAL POLITICAL EXPENDITURES \$ \$54,673.51  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  1 Swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Mir. John Steen  Signature of Campaign Treasurer  Signature of Campaign Treasurer  May of, 20, to certify which, witness my hand and seal of office.	report if necessary.)	Officeholder			
Candidate or Measure   BALLOT IDENTIFICATION /#   ELECTION DATE   Month   Day   Year		_	State Senator		
Candidate or Measure   BALLOT IDENTIFICATION /#   ELECTION DATE   Month   Day   Year					
OPPOSE (Candidate or Measure)  ASSIST (Officeholder)  1. TOTAL POLITICAL CONTRIBUTION TOTALS  1. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ \$0.00  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  \$ \$0.00  4. TOTAL POLITICAL EXPENDITURES  \$ \$0.00  4. TOTAL POLITICAL EXPENDITURES  \$ \$54,673.51  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  15 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Mr. John Steen  Signature of Campaign Treasurer  Sworm to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	X SUPPORT		DALL OT IDENTIFICATION / #	FLECTI	ION DATE
OPPOSE (candidate or Measure)	(Candidate or Measure)		BALLOT IDENTIFICATION / #		
ASSIST (Officeholder)				World	Day Tou.
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15 CONTRIBUTION TOTALS  1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ \$129,500.00  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  \$ \$0.00  4. TOTAL POLITICAL EXPENDITURES  \$ \$54,673.51  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  1. Swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Mr. John Steen  Signature of Campaign Treasurer  Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	ASSIST	Measure	DESCRIPTION		
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BALANCE REPORTING PERIOD \$ \$1,194,672.25  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day of, to certify which, witness my hand and seal of office.					\$ \$54,673.51
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LOAN TOTALS  DAY OF THE REPORTING PERIOD  Is \$ \$0.00  16 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Mr. John Steen  Signature of Campaign Treasurer  Sworn to and subscribed before me, by the said					<b>42,201,012.20</b>
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Signature of Campaign Treasurer  Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.			Mr. Joh	n Steen	
Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.	AFFIX NOTADY	CTAMP / CEAL APOVE			er
of, 20, to certify which, witness my hand and seal of office.	AFFIX NOTARY	STAMP / SEAL ABOVE			
	Sworn to and subscribed	before me, by the said	, tl	nis the	day
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	of	, 20, to certify which	ch, witness my hand and seal of office.		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
	Signature of officer ad	ministering oath Pri	nted name of officer administering oath	Title of office	er administering oath

## **SUBTOTALS - SPAC**

## FORM SPAC **COVER SHEET PG 3**

					3 01 83
<b>17</b> CC	OMMITTE	E NAME	18 Filer ID	(Ethics Comm	ission Filers)
Fri	iends of	Donna Campbell	00068678		
		E SUBTOTALS SCHEDULE		SUBTOT	AL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	129,500.00
2.		\$			
3.		\$			
4.		R	\$		
5.		\$			
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	DRGANIZATION	\$	
7.		SCHEDULE E: LOANS		\$	
8.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	41,881.95
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10.	. 🔲	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
11.	. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	12,791.56
12.	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13.	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
14.	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	7,959.43

	MONET	ARY POLITICAL C	NS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/83	
2	FILER NAME Friends of D	onna Campbell			3	Filer ID (Ethics Commission 00068678	on Filers)
4	Date 07/19/2024	<ul><li>5 Full name of contributor Austin Firefighters Associa</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$4,000.00
_	Dringing! goog	Austin, TX 78752	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	O Employer (Coo Instructions	<u>, ,                                   </u>		
0	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	»)		
	Date 08/29/2024	Full name of contributor Austin Republican Womer Contributor address; City; St				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78738 pation / Job title (See Instructions	)	Employer (See Instructions	;)		
	· ····o.pa. oooa	panony cos ano (cos monacione)	,	p.oyo. (Seeea asaee.	,		
	Date 07/12/2024	Full name of contributor Bakke, Phillip Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
		San Antonio, TX 78210					
	Principal occu Founder	pation / Job title (See Instructions	)	Employer (See Instructions Bakke Development Co	′		
	Date 08/29/2024	Full name of contributor Bellinger, John Contributor address; City; St				Amount of Contribution (\$)	\$5,000.00
	Principal occu Chairman	pation / Job title (See Instructions	)	Employer (See Instructions FSNS & Certified Group		ompany	
	Date 07/12/2024	Full name of contributor Bugg, J. Bruce Contributor address; City; St. San Antonio, TX 78209				Amount of Contribution (\$)	\$5,000.00
	Principal occu Chairman	pation / Job title (See Instructions		Employer (See Instructions Tobin Endowment	5)		

	MONET	ARY POLITICAL CO	NS	SCHEDULE A1			
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/83	
2	FILER NAME Friends of D	onna Campbell			3	Filer ID (Ethics Commission 00068678	on Filers)
4	Date 09/04/2024	<ul><li>5 Full name of contributor Canyon Lake Repulican Wo</li><li>6 Contributor address; City; Stat</li></ul>		)	7	Amount of Contribution (\$)	\$500.00
	Deinainal agai	Canyon Lake, TX 78133		O Frankrija (Cas kastrustiana			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Date 09/19/2024	Full name of contributor			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/25/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu Retired	BULVERDE, TX 78163 pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date Full name of contributor out-of-state PAC (ID#:)  O9/25/2024 Chambers, Ruth  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 09/19/2024				Amount of Contribution (\$)	\$3,500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL C	S		SCHEDUI	E A1	
	The Instru	ction Guide explains how t	to complete this forr	n.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/83	
2	FILER NAME Friends of D	onna Campbell			3	Filer ID (Ethics Commission 00068678	on Filers)
4	Date 07/12/2024	5 Full name of contributor  Dawson, Sam  6 Contributor address; City; State	out-of-state PAC (ID#:te; Zip Code		7	Amount of Contribution (\$)	\$5,000.00
		San Antonio, TX 78230					
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Pape-Dawson Engineer			
	Date 09/15/2024	Full name of contributor Fox  Contributor address; City; Stat				Amount of Contribution (\$)	\$500.00
	Deinsinal assu	Southlake, TX 76092		Franks on (Cap Instructions	_		
	MD Anesthe	pation / Job title (See Instructions) siologist		Employer (See Instructions USAP	5)		
	Date 08/14/2024	Full name of contributor  Garza, Valente  Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$5,000.00
		San Antonio, TX 78212					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/16/2024	Full name of contributor [ Germania Farm Mutual PA Contributor address; City; Stat Brenham, TX 77834		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/16/2024	Full name of contributor Great State Republicans Contributor address; City; Stat Hallettsville, TX 77964	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			1				

	MONET	ARY POLITICAL CON	S	SCHEDULE A1			
	The Instru	ction Guide explains how to c	complete this forn	n.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/83	
2	FILER NAME Friends of D	onna Campbell			3	Filer ID (Ethics Commission 00068678	on Filers)
4	Date 07/12/2024	<ul> <li>Full name of contributor  o  o  o  o  o  o  o  o  o  o  o  o</li></ul>		)	7	Amount of Contribution (\$)	\$1,000.00
_		San Antonio, TX 78209	1-				
8	Principal occu Co-Owner	pation / Job title (See Instructions)		Employer (See Instructions Bill Hall Jr Trucking	)		
	Date 07/24/2024	Hartman, Gordon  Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	San Antonio, TX 78233 pation / Job title (See Instructions)		Employer (See Instructions	)		
Owner Hartman Family Founda		Hartman Family Founda		n			
	Date 07/12/2024	Full name of contributor	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5,000.00
		San Antonio, TX 78209					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Jim's Restaurants	)		
	Date 09/16/2024	Full name of contributor		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 07/16/2024	Full name of contributor on the contributor of state PAC  Contributor address; City; State; Z  San Antonio, TX 78205	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			1				

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/83		
2	FILER NAME Friends of De	onna Campbell			3	Filer ID (Ethics Commission 00068678	on Filers)	
4	Date 07/12/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$5,000.00	
_	Daine in all a con-	Horseshoe Bay, TX 78657	_	Farada e a (O - a la atro-atica)	<u></u>			
8	CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Jetran International Ltd.	5)			
	Date 08/10/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00	
	Principal occu Officer	San Antonio, TX 78259 pation / Job title (See Instructions)		Employer (See Instructions U.S. Army	<u> </u> 5)			
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: Leander Republican Women PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00	
	Principal occu	Leander, TX 78641 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)			
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID#:_Macon, Jane  Contributor address; City; State; Zip Code  San Antonio, TX 78205				Amount of Contribution (\$)	\$1,500.00	
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Attorney	<u> </u> 5)			
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,500.00	
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Attorney	s)			

	MONET	ARY POLITICAL (	NS 	SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/83	
2	FILER NAME Friends of D	onna Campbell			3	Filer ID (Ethics Commiss 00068678	ion Filers)
4	Date 07/19/2024	<ul><li>5 Full name of contributor</li><li>Management and Trainin</li><li>6 Contributor address; City; S</li></ul>			7	Amount of Contribution (\$)	\$500.00
		Centerville, UT 84014					
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Instructions	s)		
	Date 09/11/2024	Full name of contributor  Meldrum  Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Buda, TX 78610 pation / Job title (See Instruction:	s)	Employer (See Instructions	<u>;)</u>		
	Retired	padon, dos das (ese medadas).		Retired	-,		
	Date 07/27/2024	Full name of contributor  Merck Employess PAC  Contributor address; City; S	x out-of-state PAC (ID#: C	00097485	•	Amount of Contribution (\$)	\$2,000.00
		Washington, DC 20004					
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	s)		
	Date 08/14/2024	Full name of contributor Montford, John Contributor address; City; S San Antonio, TX 78257			•	Amount of Contribution (\$)	\$2,500.00
	Principal occu CEO	pation / Job title (See Instruction	5)	Employer (See Instructions JTM Consulting	s)		
	Date 09/12/2024	Full name of contributor Nau, John Contributor address; City; S Houston, TX 77019	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10,000.00
	Principal occu Retired	pation / Job title (See Instruction	5)	Employer (See Instructions Retired	5)		
			1				

	MONET	ARY POLITICAL CONTRIBU	5	SCHEDULE A1			
	The Instru	ction Guide explains how to complete tl	his form		1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/83	
2	FILER NAME Friends of D	onna Campbell			3	Filer ID (Ethics Commission 00068678	on Filers)
4	Date 08/29/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$200.00
_	Deireirel	San Antonio, TX 78230	ا ما				
8	Principal occu	pation / Job title (See Instructions)	9 -	Employer (See Instructions	)		
	Date 07/12/2024	Full name of contributor out-of-state PAC Rutherford, Thaddeus Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78750 pation / Job title (See Instructions)	l e	Employer (See Instructions	)		
CEO Southstar		,					
	Date 09/23/2024	Full name of contributor out-of-state PAC San Antonio Apartment Association PAC Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$2,500.00
		San Antonio, TX 78249					
	Principal occu	pation / Job title (See Instructions)	E	Employer (See Instructions	)		
	Date 07/12/2024	Full name of contributor out-of-state PAC Shields, John Contributor address; City; State; Zip Code San Antonio, TX 78212				Amount of Contribution (\$)	\$5,000.00
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Attorney	)		
	Date 09/16/2024	Full name of contributor	(ID#: <u>C005</u>	39663		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	E	Employer (See Instructions	)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/83		
2	FILER NAME Friends of D	onna Campbell		3	Filer ID (Ethics Commissi 00068678	on Filers)	
4	Date 08/29/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10,000.00	
		Austin, TX 78768					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ıs)			
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: Texas Academy of Audiology PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	College Station, TX 77845 pation / Job title (See Instructions)	Employer (See Instructions	(2)			
	Timoipai occa	pation, our title (See instituctions)	Employer (dee mandenone	3)			
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#: Texas Aggregates and Concrete Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
		Round Rock, TX 78681		Ļ			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)			
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#: Texas Apartment Association PAC  Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$3,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)			
	Date 07/19/2024	Full name of contributor out-of-state PAC (ID#: Texas Land and Title Association PAC Contributor address; City; State; Zip Code  Austin, TX 78703			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)			
		I.					

	MONET	ARY POLITICAL C	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/9 Rpt: 12/83	
2	FILER NAME Friends of D	onna Campbell			3	Filer ID (Ethics Commission 00068678	on Filers)
4	Date 08/14/2024	<ul><li>5 Full name of contributor Texas Sands PAC</li><li>6 Contributor address; City; States</li></ul>	out-of-state PAC (ID#:_ ute; Zip Code	)	7	Amount of Contribution (\$)	\$4,500.00
8	Principal occu	Austin, TX 78701  pation / Job title (See Instructions)		Employer (See Instructions	) ()		
_	Date		x out-of-state PAC (ID#: C		_	Amount of Contribution (\$)	
	08/14/2024	USAA Employee PAC  Contributor address; City; State; Zip Code					\$3,000.00
	Principal occu	San Antonio, TX 78288		Employer (See Instructions	()		
	Date 09/18/2024	Full name of contributor 🗓 out-of-state PAC (ID#: C00493502 )  VSP Holding Company Inc PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00	
		Rancho Cordova, CA 956					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor  Weaver, James  Contributor address; City; Sta	out-of-state PAC (ID#:_ tte; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	San Antonio, TX 78212  pation / Job title (See Instructions)		Employer (See Instructions Self	<u>;</u> )		
	Date 08/22/2024	Full name of contributor maisel, vicky	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
		Contributor address; City; Sta	ıte; Zip Code				
	Principal occu president	pation / Job title (See Instructions)		Employer (See Instructions cowboy cleaners	5)		

### 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/Officenoider/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: 1/19 Rpt: 13/83	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	08/01/2024	Akeroyd, Daniel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	6405 Canestoga Wagon Way
		Dell Valle, TX 78617
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/01/2024	Akeroyd, Daniel
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	6405 Canestoga Wagon Way
	Ψ130.00	0400 Carlestoga Wagori Way
		Dell Valle, TX 78617
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Contract Labor
		Gampaigh Gondact Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	07/03/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code PO Box 650448
	\$8,155.89	PO BOX 030440
		Dallas, TX 75265
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Credit Card Payment  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Credit Card Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>

### 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

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 2/19 Rpt: 14/83	Friends of Donna Campbell	00068678				
4 Date	5 Payee name					
08/05/2024	American Express					
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode				
\$2,405.83	PO Box 650448					
	Dallas, TX 75265					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Campaign Credit Card Payment				
		Campaign Creat Card Laymont				
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	lught Office held				
expenditure to benefit C/O						
Date	Payee name					
09/03/2024	American Express					
Amount (\$)	Payee address; City; State; Zip Co	nda				
\$2,869.28	PO Box 650448	Jue				
Ψ2,000.20	FO BOX 030440					
	Dallas, TX 75265					
PURPOSE		Tax				
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	Credit Card Payment	Check if days dustide of rexast complete scriedule 1.				
		Campaign Credit Card Payment				
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held				
expenditure to benefit C/O	H					
Date	Payee name					
07/03/2024	Anedot					
Amount (\$)	Payee address; City; State; Zip Co	ode				
\$19.80	1340 Poydras St Ste 1770					
	New Orleans, LA 70112					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.				
LAFLINDITORL		Check if Austin, TX, officeholder living expense				
		Campaign Merchant Account Fees				
Complete ONLY if direct	Office co.	Office hold				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught 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	The Instruction Guide explains how to complete this form.
<b>1</b> To	otal pages Schedule F1:	
5	Sch: 3/19 Rpt: 15/83	Friends of Donna Campbell 00068678
<b>4</b> D	ate	5 Payee name
08	8/14/2024	Anedot
<b>6</b> A	mount (\$)	7 Payee address; City; State; Zip Code
	\$4.20	1340 Poydras St Ste 1770
		New Orleans, LA 70112
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
E	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Merchant Account Fees
	omplete <u>ONLY</u> if direct spenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	tperioritate to benefit 6/6	
	ate	Payee name
08	8/26/2024	Anedot
Aı	mount (\$)	Payee address; City; State; Zip Code
	\$4.20	1340 Poydras St Ste 1770
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taylor Complete Schedule T
E	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Merchant Account Fees
	omplete <u>ONLY</u> if direct spenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
<u> </u>	kperioliture to beriefit C/O	
D	ate	Payee name
0	9/16/2024	Anedot
Aı	mount (\$)	Payee address; City; State; Zip Code
	\$4.20	1340 Poydras St Ste 1770
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
E	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Merchant Account Fees
	omplete ONLY if direct	Candidate/Officeholder name Office sought Office held
ex	kpenditure 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 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/19 Rpt: 16/83	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	09/17/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$390.30	1340 Poydras St Ste 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Merchant Account Fees
		Campaign more tall 1 cooding 1 cood
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/18/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.80	1340 Poydras St Ste 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Merchant Account Fees
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	09/23/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$195.30	1340 Poydras St Ste 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Merchant Account Fees
		Campaign Merchant Account Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>o</b>
	<u> </u>	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officebolder/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	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: 5/19 Rpt: 17/83	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	07/01/2024	Birdwell, Shane
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$386.00	22309 Chipotle Pass
		Spicewood, TX 78669
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Staff Mileage
		Sampaigh Stail Willeage
9	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	07/01/2024	Birdwell, Shane
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	22309 Chipotle Pass
		Spicewood, TX 78669
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
		Campaign Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Data	Davies same
	Date	Payee name  Pirdwell Shane
	08/01/2024	Birdwell, Shane
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	22309 Chipotle Pass
L		Spicewood, TX 78669
	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 Contract Labor
		Campaign Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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: 6/19 Rpt: 18/83	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	09/01/2024	Birdwell, Shane
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	22309 Chipotle Pass
		Spicewood, TX 78669
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	09/11/2024	Birdwell, Shane
	Amount (\$)	Payee address; City; State; Zip Code
	\$314.00	22309 Chipotle Pass
		Spicewood, TX 78669
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Staff Mileage
		Sampaign Stan Innougo
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/01/2024	Blakemore & Associates
	A (d)	
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	Payee address; City; State; Zip Code  1 E Greenway Plaza Ste 225
	\$2,500.00  PURPOSE	1 E Greenway Plaza Ste 225
	\$2,500.00	1 E Greenway Plaza Ste 225  Houston, TX 77046  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	\$2,500.00  PURPOSE OF	1 E Greenway Plaza Ste 225  Houston, TX 77046  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	\$2,500.00  PURPOSE OF	1 E Greenway Plaza Ste 225  Houston, TX 77046  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	\$2,500.00  PURPOSE OF	1 E Greenway Plaza Ste 225  Houston, TX 77046  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	\$2,500.00  PURPOSE  OF  EXPENDITURE	1 E Greenway Plaza Ste 225  Houston, TX 77046  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  Campaign Consulting Fees  Candidate/Officeholder name  Office sought  Office held
	\$2,500.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	1 E Greenway Plaza Ste 225  Houston, TX 77046  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  Campaign Consulting Fees  Candidate/Officeholder name  Office sought  Office held
	\$2,500.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	1 E Greenway Plaza Ste 225  Houston, TX 77046  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  Campaign Consulting Fees  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 Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	tical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category	not listed above)
L		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		s Commission Filers)
	Sch: 7/19 Rpt: 19/83	I I	
4	Date	5 Payee name	
	08/01/2024	Blakemore & Associates	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,500.00	1 E Greenway Plaza Ste 225	
		Houston, TX 77046	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Sch	
		Campaign Consulting Foos	9
		Campaign Consulting Fees	
Ļ	2		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	experientare to benefit over		
	Date	Payee name	
	09/01/2024	Blakemore & Associates	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	1 E Greenway Plaza Ste 225	
		Houston, TX 77046	
_	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Sch	nedule T.
	EXPENDITURE	Consulting Expense Check if Austin, TX, officeholder living expense	
		Campaign Consulting Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H	Date	Payee name	
	07/16/2024	Chase Bank	
_			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$333.77	7 PO Box 15123	
L		Dallas, TX 75265	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Sch	
		Check if Austin, TX, officeholder living expense	9
		Campaign Credit Card Payment	
	Complete ONLY if direct	Condidate/Officeholder name Office county	
	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

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: 8/19 Rpt: 20/83	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	08/21/2024	Chase Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$315.35	PO Box 15123
		Dallas, TX 75265
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Credit Card Payment
		Sampaigh Great Gard Layment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Payee name
	09/25/2024	Chase Bank
_	Amount (\$)	Payee address; City; State; Zip Code
	\$1,461.02	PO Box 15123
	Ψ1,401.02	1 0 BOX 10120
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Credit Card Payment Credit Card Payment
		Check if Austin, TX, officeholder living expense  Campaign Credit Card Payment
		Campaigh Cledit Card Payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
	_	
	Date	Payee name
	08/07/2024	Comal County City Officials
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.00	150 N Seguin
		New Braunfels, TX 78130
	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 Lunchcon Foos
		Campaign Luncheon Fees
	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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/19 Rpt: 21/83	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	08/01/2024	Cross Church
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	6955 Blvd 26
		North Richland Hill, TX 76180
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Onicenoider/Political Committee Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
	Date	Payee name
	09/11/2024	Dallas Cowboys Pro Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.39	13350 Dallas Pkwy #3460
		Dallas, TX 75240
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Campaign Auction Items
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	07/01/2024	Davis, Hayden
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	501 Little Draw Lane
	,	
		Leander, TX 78641
	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
		Campaign Contract Labor
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/Ol	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: Sch: 10/19 Rpt: 22/83	2 FILER NAME3 Filer ID(Ethics Commission Filers)Friends of Donna Campbell00068678	
4	Date 08/26/2024	5 Payee name Devine	
6	Amount (\$) \$37.03	7 Payee address; City; State; Zip Code 1202 W hondo Ave  Devine, TX 78016	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Constituent Meeting	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 09/23/2024	Payee name Faith Lutheran Endowment Fund	
	Amount (\$) \$200.00	Payee address; City; State; Zip Code  1326 E Cedar	
	PURPOSE OF EXPENDITURE	Seguin, TX 78155  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contribution  (b) Description  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/O	Candidate/Officeholder name Office sought Office held	
	Date 08/01/2024	Payee name Hogue, Richard	
	Amount (\$) \$2,400.00	Payee address; City; State; Zip Code 6125 Stonegate Place	
		Edmond, OK 73025	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Contract Labor	
	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	l 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: 11/19 Rpt: 23/83	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	09/01/2024	Hogue, Richard
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	6125 Stonegate Place
		Edmond, OK 73025
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/21/2024	John Lujan Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 14479
		San Antonio, TX 78214
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/04/2024	Kendall County Republican party
	Amount (\$)	Payee address; City; State; Zip Code
	\$146.14	PO Box 1546
		Boerne, TX 78006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Sofiandation
	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 -

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

pense Travel in District
pense Travel Out of District
ages/Contract Labor OTHER (enter a cate)

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/W		/Contract Labor		OTHER (enter a	category not listed abo	ve)
	Credit Gard F dyment		The Instruction Guide expl	ains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 12/19 Rpt: 24/83	Friends of	Donna Campbell					00068678		
4	Date	5 Payee name	•							
	09/09/2024	Mark Reyn	olds Campaign							
6	Amount (\$)	<b>7</b> Payee addre	ess; City; S	state; Zip Co	de					
	\$250.00	3005 W Sa	ın Anontio St							
		New Braur	fels, TX 78132							
8	PURPOSE	(a) Category (s	See Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made By	,			outsi	de of Texas. Com	plete Schedule T.	
	LAPENDITORE	Candidate/	Officeholder/Political Co	ommittee		_	, TX	officeholder living	expense	
						Contribution				
Ļ	Opening the ONLY if allowed	0	CII-I	04:				O#: I	-1-1	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	gnt			Office he	eia	
	<u> </u>									
	Date	Payee name								
	07/01/2024	Morales, Ji								
	Amount (\$)	Payee addre	•	state; Zip Co	de					
	\$150.00	207 Pende	nt Dr							
		Liberty Hill	TX 78642							
	PURPOSE OF	(a) Category (S	See Categories listed at the top of th	is schedule)	(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labor			<b>-</b>		de of Texas. Com officeholder living		
						Campaign Co			гехрепас	
						, , , , , , , , , , , , , , , , , , ,				
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name	<u> </u>							
	08/01/2024	Morales, Ji								
	Amount (\$)	Payee addre	ess; City; S	state; Zip Co	de					
	\$150.00	207 Pende	•							
		Liberty Hill	TX 78642							
	PURPOSE	-	See Categories listed at the top of th	in and a distant	(b)	Description				
	OF	l .	ages/Contract Labor	is schedule)	(3)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	00.00.100,11	ag = 0, 0 0 1 11 a 0 1 2 a 5 0 1			Check if Austin	, TX	officeholder living	expense	
						Campaign Co	onti	ract Labor		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght			Office he	eld	
	experialitie to belieff C/Of	1								

## 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

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)
	Sch: 13/19 Rpt: 25/83	Friends of Donna Campbell	00068678
4	Date	5 Payee name	
L	09/01/2024	Morales, Jim	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	207 Pendent Dr	
		Liborhy Lill TV 70642	
Ļ	DUDDOOF	Liberty Hill, TX 78642	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel of	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Campaign Co	ontract Labor
Ļ	Operation ONLY if dispose	Overlights 10ff or holder many	Office health
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
⊨	Date	Davis name	
	08/26/2024	Payee name  Northeast Partnership Luncheon	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	2150 Universal City Blvd	
		Universal City, TX 78148	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 00d/Develage Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Campaign Lu	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI		
	Date	Payee name	
	07/01/2024	Okoye, Ikenna	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	902 Hollybluff St	
		Austin, TX 78753	
L	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel of	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Campaign Co	ontract Labor
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
ı			

## 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 comp	lete this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 14/19 Rpt: 26/83	Friends of Donna Campbell	00068678
4	Date 08/01/2024	5 Payee name Okoye, Ikenna	
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 902 Hollybluff St Austin, TX 78753	
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 09/04/2024	Payee name RBFCU	
	Amount (\$) \$2.00	Payee address; City; State; Zip Code 1032 Austin Highway San Antonio, TX 78209	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Money Order Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date 07/01/2024	Payee name Ramirez, Julieta	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 14 Eagle Creek Dr	
		Kyle, TX 78640	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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	ommittee Legal Services  The Instruction Guide explain	-	es/Contract Labor OTHER (enter a category not listed above)  olete this form.
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/19 Rpt: 27/83	Friends of Donna Campbell		00068678
4	Date	Payee name		
	08/01/2024	Ramirez, Julieta		
6	Amount (\$)	Payee address; City; Sta	ite; Zip Code	
	\$500.00	14 Eagle Creek Dr		
		Kyle, TX 78640		
8	PURPOSE	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.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				Campaign Contract Labor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	t Office held
	Date	Payee name		
	09/01/2024	Ramirez, Julieta		
	Amount (\$)	Payee address; City; Sta	ite; Zip Code	
	\$500.00	14 Eagle Creek Dr		
		Kyle, TX 78640		
	PURPOSE	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.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Campaign Contract Labor
	Opening the ONITY if allowed	Out distant 10ff as health as a second	O#:	065
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	t Office held
	Date	Payee name		
	08/21/2024	Republican Club Of Bexar County		
	Amount (\$)	Payee address; City; Sta	ite; Zip Code	
	\$250.00	909 NE Loop 410 W Ste 801		
		San Antonio, TX 78209		
	PURPOSE OF	(See Categories listed at the top of this	schedule) (b)	) Description
	EXPENDITURE	Contributions/Donations Made By	amittoo	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Con	millee	Contribution
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	t Office held
	expenditure to benefit C/OI		CSO Sought	- Since 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	
		<u> </u>
1	Total pages Schedule F1: Sch: 16/19 Rpt: 28/83	2 FILER NAME Friends of Donna Campbell  3 Filer ID (Ethics Commission Filers) 00068678
4	Date	5 Payee name
•	09/04/2024	San Antonio Family Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$117.50	45 NE Interstate 410 Loop #100B
		San Antonio, TX 78216
_	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Contributions/Donations Made Ry  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
H	Date	Payee name
	09/04/2024	San Antonio Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.95	PO Box 700523
		San Antonio, TX 78270
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Event Tickets
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/11/2024	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$222.50	PO Box 12068
	Ψ222.00	1 0 Box 12000
		Auglia TV 70711
		Austin, TX 78711
	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 Flags For Constituent Gifts
		Thags for Constituent Onto
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g 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

	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: 17/19 Rpt: 29/83	Friends of Donna Campbell 00068678	
4	Date	5 Payee name	
l	09/24/2024	Turner, Kenneth	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$6,500.00	741 Walnut St	
l			
		New Ulm, TX 78950	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Com	plete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living	g expense
		Campaign Contract Labor	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office ho	eld
L	experientare to benefit G/OI		
	Date	Payee name	
l	07/01/2024	Weber, Sonya	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$150.00	236 Forest Trail	
		New Braunfels, TX 78132	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LXI LINDITORE	Check if Austin, TX, officeholder living	g expense
		Campaign Contract Labor	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	2ld
	expenditure to benefit C/OI		ciu
┝	Data	Para name	
l	Date 08/01/2024	Payee name Weber, Sonya	
┡		<u> </u>	
l	Amount (\$) \$150.00	Payee address; City; State; Zip Code 236 Forest Trail	
l	\$120.00	230 Folest Itali	
l		No. By African TV 70400	
		New Braunfels, TX 78132	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	unlata Cabandula T
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Com	•
l		Campaign Contract Labor	, <del></del>
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	eld
	expenditure to benefit C/OI		
H			
ı			

### 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 Committ

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: 18/19 Rpt: 30/83	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	09/01/2024	Weber, Sonya
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	236 Forest Trail
		New Braunfels, TX 78132
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 Contract Labor
		Sampaigh Somact Eabor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	07/01/2024	Yanuzzi, Joyce
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	2059 Cowan Drive
		New Braunfels, TX 78132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign Contract Labor
		Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	08/01/2024	Yanuzzi, Joyce
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	2059 Cowan Drive
		New Braunfels, TX 78132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign Contract Labor
		Campaign Contract Labor
$\vdash$	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 Event Expense Fees Food/Beverage Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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 com	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 19/19 Rpt: 31/83	Friends of Donna Campbell	00068678
4	Date	5 Payee name	<u>'</u>
l	08/16/2024	Yanuzzi, Joyce	
6	Amount (\$) \$74.50	7 Payee address; City; State; Zip Code 2059 Cowan Drive New Braunfels, TX 78132	
8	PURPOSE		D) Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Staff Mileage
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date	Payee name	
	09/01/2024	Yanuzzi, Joyce	
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 2059 Cowan Drive	
		New Braunfels, TX 78132	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Contract Labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
Г	Date	Payee name	
l	09/04/2024	Yanuzzi, Joyce	
	Amount (\$) \$202.00	Payee address; City; State; Zip Code 2059 Cowan Drive	
		New Braunfels, TX 78132	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District	D) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Staff Mileage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

	Candidate/Officeholder/Politica	I Committee Legal Servi  The Insti	ruction Guide explains how	aries/Wages/Contract I to complete this fo	orm.			
1	Total pages Schedule F4:	2 FII FR NAME	·	<u>.</u>		3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 1/51 Rpt: 32/83	Friends of Donna C	amphell			00068678		,
	CREDIT CARD ISSUER	Name of finar	ncial institution n Express	5 TOTAL OF U		\$		
				CARD	O / CONEDIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	dit Card Issuer	Paid		
		\$120.00	09/18/2024					
7	PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code
				2140 S Dupo	nt Highway			
		Canva						
				Camden, DE	19934			
8	PURPOSE OF	(a) Category	-£41-1	(b) Description				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Sc	ftware Subs	cription		
	X Political		<u></u> , p =					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	c	heck if Austin, TX,	officeholder living ex	pense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
ex	penditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	dit Card Issuer	Paid		
		\$26.73	07/01/2024	08/05/2024				
_	PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code
	PAYEE			(b) Payee addro		•	State,	Zip Code
	PAYEE	(a) Payee name  The UPS Store		15511 West H	lwy 71 Ste 1	•	State,	Zip Code
		The UPS Store		15511 West H	lwy 71 Ste 1	•	State,	Zip Code
	PURPOSE OF	The UPS Store  (a) Category	of this schedule)	15511 West H Austin, TX 78 (b) Description	1wy 71 Ste 1 738	•	State,	Zip Code
	PURPOSE OF EXPENDITURE	The UPS Store		15511 West H	1wy 71 Ste 1 738	•	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	The UPS Store  (a) Category (See Categories listed at the top		15511 West H Austin, TX 78 (b) Description	1wy 71 Ste 1 738	•	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political Non-Political	The UPS Store  (a) Category (See Categories listed at the top Office Overhead/Rent  (c) Check if travel outside	tal Expense of Texas. Complete Schedule T.	15511 West H Austin, TX 78 (b) Description Campaign Pc	Hwy 71 Ste 1 738 stage	officeholder living ex		Zip Code
	PURPOSE OF EXPENDITURE  X Political Non-Political Complete ONLY if direct openditure to benefit C/OH	The UPS Store  (a) Category (See Categories listed at the top Office Overhead/Rent  (c) Check if travel outside of Candidate/Officeholder	tal Expense of Texas. Complete Schedule T. name Office	Austin, TX 78 (b) Description Campaign Po	Hwy 71 Ste 1 738 stage	officeholder living ex		Zip Code
	PURPOSE OF EXPENDITURE  X Political Non-Political Complete ONLY if direct	The UPS Store  (a) Category (See Categories listed at the top Office Overhead/Rent  (c) Check if travel outside	tal Expense of Texas. Complete Schedule T.	Austin, TX 78  (b) Description Campaign Pc  ce sought	Hwy 71 Ste 1 738 stage	officeholder living ex		Zip Code
	PURPOSE OF EXPENDITURE  X Political Non-Political Complete ONLY if direct openditure to benefit C/OH	The UPS Store  (a) Category (See Categories listed at the top Office Overhead/Rent  (c) Check if travel outside of Candidate/Officeholder	tal Expense of Texas. Complete Schedule T. name Office	Austin, TX 78 (b) Description Campaign Po	Hwy 71 Ste 1 738 stage	officeholder living ex		Zip Code
	PURPOSE OF EXPENDITURE  X Political Non-Political Complete ONLY if direct openditure to benefit C/OH	The UPS Store  (a) Category (See Categories listed at the top Office Overhead/Rent  (c) Check if travel outside Candidate/Officeholder  (a) Amount Charged	tal Expense  of Texas. Complete Schedule T.  name Office  (b) Date of Charge	Austin, TX 78  (b) Description Campaign Pc  ce sought	Hwy 71 Ste 1 738  stage  heck if Austin, TX,	officeholder living ex		Zip Code
	PURPOSE OF EXPENDITURE  X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT	The UPS Store  (a) Category (See Categories listed at the top Office Overhead/Rent  (c) Check if travel outside of Candidate/Officeholder  (a) Amount Charged \$68.48	tal Expense  of Texas. Complete Schedule T.  name Office  (b) Date of Charge	Austin, TX 78  (b) Description Campaign Po  e sought  (c) Date(s) Cree 08/05/2024	Hwy 71 Ste 1 738 Stage heck if Austin, TX, dit Card Issuer	officeholder living ex Office held	pense	
	PURPOSE OF EXPENDITURE  X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT	The UPS Store  (a) Category (See Categories listed at the top Office Overhead/Rent  (c) Check if travel outside of Candidate/Officeholder  (a) Amount Charged \$68.48  (a) Payee name	tal Expense  of Texas. Complete Schedule T.  name Office  (b) Date of Charge	Austin, TX 78 (b) Description Campaign Po ce sought  (c) Date(s) Cree 08/05/2024	Hwy 71 Ste 1 738 stage heck if Austin, TX, dit Card Issuer ess; hterstate 35	officeholder living ex Office held	pense	
	PURPOSE OF EXPENDITURE  X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT  PAYEE  PURPOSE OF	The UPS Store  (a) Category (See Categories listed at the top Office Overhead/Rent  (c) Check if travel outside of Candidate/Officeholder  (a) Amount Charged \$68.48  (a) Payee name Sam's Club  (a) Category	tal Expense  of Texas. Complete Schedule T.  name Office  (b) Date of Charge  07/01/2024	Austin, TX 78 (b) Description Campaign Pc  sought  (c) Date(s) Crec 08/05/2024  (b) Payee addre 9900 South In	Hwy 71 Ste 1 738 stage heck if Austin, TX, dit Card Issuer ess; hterstate 35	officeholder living ex Office held	pense	
	PURPOSE OF EXPENDITURE  X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT  PAYEE  PURPOSE OF EXPENDITURE	The UPS Store  (a) Category (See Categories listed at the top Office Overhead/Rent  (c) Check if travel outside of Candidate/Officeholder  (a) Amount Charged \$68.48  (a) Payee name Sam's Club	tal Expense  of Texas. Complete Schedule T.  name Office  (b) Date of Charge  07/01/2024	Austin, TX 78 (b) Description Campaign Pc e sought  (c) Date(s) Cree 08/05/2024  (b) Payee addre 9900 South Ir Austin, TX 78	Hwy 71 Ste 1 738 Stage heck if Austin, TX, dit Card Issuer ess; hterstate 35	officeholder living ex Office held	pense	
	PURPOSE OF EXPENDITURE  X Political Non-Political Complete ONLY if direct openditure to benefit C/OH PAYMENT  PAYEE  PURPOSE OF EXPENDITURE  X Political	The UPS Store  (a) Category (See Categories listed at the top Office Overhead/Rent  (c)	tal Expense of Texas. Complete Schedule T. name Office  (b) Date of Charge 07/01/2024  of this schedule) tal Expense	Austin, TX 78 (b) Description Campaign Po  sought  (c) Date(s) Cree 08/05/2024  (b) Payee addre 9900 South Ir Austin, TX 78 (b) Description Capitol Office	Hwy 71 Ste 1 738 stage heck if Austin, TX, dit Card Issuer ess; hterstate 35 748 Supplies	officeholder living ex Office held Paid City,	pense State,	
ex	PURPOSE OF EXPENDITURE  X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT  PAYEE  PURPOSE OF EXPENDITURE	The UPS Store  (a) Category (See Categories listed at the top Office Overhead/Rent  (c)	tal Expense  of Texas. Complete Schedule T.  name Office  (b) Date of Charge  07/01/2024  of this schedule) tal Expense  of Texas. Complete Schedule T.	Austin, TX 78 (b) Description Campaign Po  sought  (c) Date(s) Cree 08/05/2024  (b) Payee addre 9900 South Ir Austin, TX 78 (b) Description Capitol Office	Hwy 71 Ste 1 738 stage heck if Austin, TX, dit Card Issuer ess; hterstate 35 748 Supplies	officeholder living ex Office held	pense State,	

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Officeriolider/Folitica	3	ruction Guide explains how	-	THEN (enter a category not listed to	above)			
1 Total pages Schedule F4:	F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 2/51 Rpt: 33/83	Friends of Donna C	ampbell		00068678	•			
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged \$24.35	(b) Date of Charge 07/02/2024	(c) Date(s) Credit Card Issuer 08/05/2024	r Paid				
7 PAYEE	(a) Payee name Amazon		(b) Payee address; 410 Terry Ave N Seattle, WA 98109	City, State,	Zip Code			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Capitol Office Supplies					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged \$294.22	(b) Date of Charge 07/02/2024	(c) Date(s) Credit Card Issuer 08/05/2024	r Paid				
PAYEE	(a) Payee name  Mailchimp		(b) Payee address; City, State, Zip Code 675 Ponce De Leon Ave North East Ste 5000  Atlanta, GA 30308					
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Campaign Email Distribution					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 07/02/2024	(c) Date(s) Credit Card Issuer 08/05/2024	r Paid				
PAYEE	(a) Payee name  Alamo Pachyderm	Club	(b) Payee address; 16722 Ledgestone Dr San Antonio, TX 78232-24	City, State,	Zip Code			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign Dues					
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 3/51 Rpt: 34/83	Friends of Donna C	Campbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$39.67	(b) Date of Charge 07/03/2024	(c) Date(s 08/05/20	) Credit Card Issuei 124	Paid		
7	PAYEE	(a) Payee name  Natural Bridge Cav	erns		address; atural Brg Caverr onio, TX 78266-26		State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descri				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chock if Austin TV	officeholder living exp	oneo	
9	Complete ONLY if direct	Candidate/Officeholder	·	e sought	Crieck ii Austin, 1A,	Office held	lense	
	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$40.14	(b) Date of Charge 07/03/2024	(c) Date(s 08/05/20	) Credit Card Issuei 124	<sup>r</sup> Paid		
	PAYEE	(a) Payee name Walmart.com			address; th West 8Th St lle, AR 72712-62	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri		09		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$14.00	(b) Date of Charge 07/03/2024	(c) Date(s 08/05/20	) Credit Card Issuei 124	Paid		
	PAYEE	(a) Payee name  New Braunfels Ship	pping	(b) Payee 1308 Cm New Bra		City, -3557	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descri Campaig	ption yn Shipping Fees			
L	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ĺ								

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete	this form.	(1 11 11 11 11 11 11 11 11 11 11 11 11 1	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
Sch: 4/51 Rpt: 35/83	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$70.00	(b) Date of Charge 07/03/2024	(c) Date(s) 08/05/20	) Credit Card Issuer 124	Paid		
7 PAYEE	(a) Payee name  North San Antonio	Chamber of		address; ountry Pkwy onio, TX 78216	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Descri				
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Campaig				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$13.60	(b) Date of Charge 07/08/2024	(c) Date(s) 08/05/20	) Credit Card Issuer 124	Paid		
PAYEE (a) Payee name			(b) Payee address; City, State, Zip Code				
	HEB		Cypress	3Rd 646 S Main	Ave		
			San Antonio, TX 78204				
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description District C	ption Office Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX.	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought		Office held		
PAYMENT	(a) Amount Charged \$60.91	(b) Date of Charge 07/09/2024	(c) Date(s) 08/05/20	) Credit Card Issuer )24	Paid		
PAYEE	(a) Payee name Office Depot			address; erstate 35 North S unfels, TX 78130		State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip District C	ption Office Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	Candidate/Officeriolder/Folitica	ű	ruction Guide explains how	to	complete th		TIEN (enter a categor)	y Hot listed a	oove)
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 5/51 Rpt: 36/83	Friends of Donna C	ampbell				00068678		
4	CREDIT CARD ISSUER	Name of finar	ncial institution revious	5	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$22.00	(b) Date of Charge 07/10/2024		c) Date(s) ( 09/03/202	Credit Card Issuer 4	Paid		
7	PAYEE	(a) Payee name  The Chamber		1	b) Payee ao L730 Sche Schertz, T.	ertz Pkwy	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	·	1	b) Descripti Campaign				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
<b>9</b> e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e s	ought		Office held		
	PAYMENT	(a) Amount Charged \$86.19	(b) Date of Charge 07/11/2024		c) Date(s) ( 09/03/202	Credit Card Issuer 4	Paid		
	PAYEE	(a) Payee name  A-Tan Asian Bistro		1		Cmn St Ste 15	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(1	b) Descripti	nfels, TX 78130 ion aff Meeting			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e s	ought		Office held		
	PAYMENT	(a) Amount Charged \$103.57	(b) Date of Charge 07/11/2024		c) Date(s) ( 09/03/202	Credit Card Issuer 4	Paid		
	PAYEE	(a) Payee name HEB.com		6		ddress; Flores St io, TX 78204	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	· · · · · · · · · · · · · · · · · · ·	(b) Description District Office Supplies					
	Non-Political	· , <b>–</b>	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e s	ought		Office held		

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete thi	s form.		,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 6/51 Rpt: 37/83	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$34.00	(b) Date of Charge 07/11/2024	(c) Date(s) C 09/03/2024	redit Card Issuer	Paid		
7 PAYEE	(a) Payee name  Alamo City Conserv	/atlives	(b) Payee ad 7714 Frst S	Strm	City,	State,	Zip Code
	() 2			X 78233-4807			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 07/11/2024	(c) Date(s) C 09/03/2024	redit Card Issuer I	Paid		
PAYEE	(a) Payee name Cheddarup		(b) Payee address; 2696 South Colorado Blvd Denver, CO 80222		City, I Unit 270	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$3.85	(b) Date of Charge 07/11/2024	(c) Date(s) C 09/03/2024	redit Card Issuer I	Paid		
PAYEE	(a) Payee name  Honk Parking			dress; ge St , DE 19801	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	ment And Related	(b) Description Campaign	Staff Parking			
Non-Political	(1)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
I							

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 7/51 Rpt: 38/83	Friends of Donna C	Campbell		00068678
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged \$196.14	(b) Date of Charge 07/12/2024	(c) Date(s) Credit Card Issue 09/03/2024	r Paid
7 PAYEE	(a) Payee name AT&T		(b) Payee address; 208 South Akard St Fl 10 Dallas, TX 75202-4208	City, State, Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Officeholder Cell Phone	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held
PAYMENT	(a) Amount Charged \$13.00	(b) Date of Charge 07/12/2024	(c) Date(s) Credit Card Issue 09/03/2024	er Paid
PAYEE	(a) Payee name  New Braunfels Ship	oping	(b) Payee address; 1308 Cmn St New Braunfels, TX 78130	City, State, Zip Code 0-3557
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign Shipping Fees	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held
PAYMENT	(a) Amount Charged \$16.24	(b) Date of Charge 07/15/2024	(c) Date(s) Credit Card Issue 09/03/2024	er Paid
PAYEE	(a) Payee name HEB		(b) Payee address; Cypress 3Rd 646 S Main San Antonio, TX 78204	City, State, Zip Code Ave
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description District Office Supplies	
Non-Political  Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	Check if Austin, TX e sought	, officeholder living expense Office held

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 8/51 Rpt: 39/83	Friends of Donna C	Campbell		00068678		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$21.79	(b) Date of Charge 07/17/2024	(c) Date(s) Credit Card Issue 09/03/2024	er Paid		
7 PAYEE	(a) Payee name  La Fonda		(b) Payee address; 8633 Crownhill Blvd	City,	State,	Zip Code
0. DUDDOOF OF	(a) Catagon		San Antonio, TX 78209			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Campaign Staff Meeting			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$146.00	(b) Date of Charge 07/18/2024	(c) Date(s) Credit Card Issue 09/03/2024	er Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Hoovers Cooking		2002 Mnr Rd			
			Austin, TX 78722-2436			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Capitol Staff Meeting			
Non-Political		of Texas. Complete Schedule T.	Charlett Averting TV			
	(c) Check if travel outside  Candidate/Officeholder	<u> </u>	e sought	Office held	ense	
Complete ONLY if direct expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$88.73	(b) Date of Charge 07/19/2024	(c) Date(s) Credit Card Issue 09/03/2024	er Paid		
PAYEE	(a) Payee name HEB.com		(b) Payee address; 646 South Flores St San Antonio, TX 78204		State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Capitol Office Supplies			
Non-Political	(c) Check if travel outside	, officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	uction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	ion Filers)
Sch: 9/51 Rpt: 40/83	Friends of Donna C	ampbell		00068678		
4 CREDIT CARD ISSUER	Name of finan see pr	ncial institution evious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$182.93	(b) Date of Charge 07/19/2024	(c) Date(s) Credit Card Issue 09/03/2024	r Paid		
7 PAYEE	(a) Payee name Amazon		(b) Payee address; 410 Terry Ave N Seattle, WA 98109	City,	Zip Code	
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of Office Overhead/Renta		(b) Description Capitol Office Supplies  T. Check if Austin, TX, officeholder living exp			
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expens	se	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held		
PAYMENT	(a) Amount Charged \$94.60	(b) Date of Charge 07/24/2024	(c) Date(s) Credit Card Issue 09/03/2024	er Paid		
PAYEE	Chick-Fil-A		(b) Payee address; 1663 State Hwy 46 West New Braunfels, TX 78132		State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of Food/Beverage Exper		(b) Description District Staff Meeting			
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expens	se	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	esought	Office held		
PAYMENT	(a) Amount Charged \$18.00	(b) Date of Charge 07/24/2024	(c) Date(s) Credit Card Issue 09/03/2024	er Paid		
PAYEE	(a) Payee name  New Braunfels Ship	New Braunfels Shipping		City, 0-3557	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of Office Overhead/Rental	al Expense	(b) Description Campaign Shipping Fees			
Non-Political	`	of Texas. Complete Schedule T.		, officeholder living expens	se	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	Candidate/Officeholder name Office sought Office held				

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete thi	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 10/51 Rpt: 41/83	Friends of Donna C	Campbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
	\$45.00	07/24/2024	09/03/2024	4			
7 PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
	Republican Club Of	f Bexar County	8719 Silve	r Quail			
				io, TX 78250			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
X Political	Contributions/Donatio	ns Made By	Contributio	ın			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$79.69	(b) Date of Charge 07/25/2024	(c) Date(s) C 09/03/2024	Credit Card Issuer 4	<sup>*</sup> Paid		
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
	A-Tan Asian Bistro			Cmn St Ste 15			
				nfels, TX 78130			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Exper	· ·	(b) Description District Staff Meeting				
X Political							
Non-Political	(1)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH		T					
PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 07/25/2024	(c) Date(s) C 09/03/2024	Credit Card Issuer 4	Paid		
PAYEE	(a) Payee name	L	(b) Payee ac	ldress;	City,	State,	Zip Code
			2696 South	n Colorado Blvo	d Unit 270		
	Cheddarup						
			Denver, Co	O 80222			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
l <u>—</u>	Food/Beverage Exper	· ·	Campaign	Staff Meeting			
X Political				_			
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica	3	ruction Guide explains how	•	THEN (enter a category not its	ieu ab	ove)	
1	Total pages Schedule F4:		·	<u> </u>	3 Filer ID (Ethics Con	nmiss	ion Filers)	
	Sch: 11/51 Rpt: 42/83	Friends of Donna C	ampbell		00068678		•	
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6	PAYMENT	(a) Amount Charged \$116.17	(b) Date of Charge 07/30/2024	(c) Date(s) Credit Card Issuer 09/03/2024	r Paid			
7	PAYEE	(a) Payee name HEB.com		(b) Payee address; 646 South Flores St	City, Sta	ite,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		San Antonio, TX 78204 (b) Description District Office Supplies				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$77.00	(b) Date of Charge 07/30/2024	(c) Date(s) Credit Card Issuer 09/03/2024	r Paid			
	PAYEE	(a) Payee name  Hobby Lobby		(b) Payee address; 360 Creekside Way	City, Sta	ite,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		New Braunfels, TX 78130  (b) Description Campaign Constituent Gifts				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$415.00	(b) Date of Charge 07/30/2024	(c) Date(s) Credit Card Issuer 09/03/2024	r Paid			
	PAYEE	(a) Payee name  Texas Alliance Gro	` ' '		City, Sta	ite,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Campaign				
L	Non-Political	1	of Texas. Complete Schedule T.		officeholder living expense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
ĺ								

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 12/51 Rpt: 43/83	Friends of Donna C	Campbell		00068678		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$22.00	07/30/2024	09/03/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	The Chamber		1730 Schertz Pkwy			
			Schertz, TX 78154			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Dues			
X Political	onice overnead/iveni	tai Experise				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$212.00	07/31/2024	09/03/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Lockaway Storage		452 Fm 306			
			New Braunfels, TX 78130	)		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Storage Fees			
X Political	Office Overfleau/Refit	iai Experise				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$20.00	07/31/2024	09/03/2024			
PAYEE	(a) Payee name	<u>I</u>	(b) Payee address;	City,	State,	Zip Code
			1653 North Santa Clara R	-		·
	Northeast Partners	hip				
			Santa Clara, TX 78124			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Campaign Dues			
X Political	onice Overneau/Rein	iai Expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************		,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics	Commiss	sion Filers)
	Sch: 13/51 Rpt: 44/83	Friends of Donna C	ampbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$12.77	(b) Date of Charge 07/31/2024	(c) Date(s) 09/03/20	) Credit Card Issuer 124	r Paid		
7	PAYEE	(a) Payee name Office Depot			address; erstate 35 North S unfels, TX 78130	Ste 800		Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description District Office Supplies				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$39.09	(b) Date of Charge 07/31/2024	(c) Date(s) 09/03/20	) Credit Card Issuer 124	Paid		
	PAYEE	(a) Payee name Walgreens		(b) Payee address; 1610 State Hwy 46 West		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri	unfels, TX 78132 otion Office Supplies			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living expe	nse	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$294.22	(b) Date of Charge 08/02/2024	(c) Date(s) 09/03/20	) Credit Card Issuer 124	Paid		
	PAYEE	(a) Payee name Mailchimp			address; ce De Leon Ave N GA 30308	City, North East Ste 5	State, 5000	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descrip Campaig	otion <sub>I</sub> n Email Distributi	ion		
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
l								

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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/Onicerolden/Folitica	•	ruction Guide explains how	•	THER (enter a category not isseed a	above)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)
Sch: 14/51 Rpt: 45/83	Friends of Donna C	ampbell		00068678	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged \$5.41	(b) Date of Charge 08/05/2024	(c) Date(s) Credit Card Issue 09/03/2024	r Paid	
7 PAYEE	(a) Payee name  Texas State Parking	g	(b) Payee address; 601 University Dr	City, State,	Zip Code
			San Marcos, TX 78666-4	684	
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Campaign Staff Parking		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	
PAYMENT	(a) Amount Charged \$124.97	(b) Date of Charge 08/06/2024	(c) Date(s) Credit Card Issue 09/03/2024	r Paid	
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State,	Zip Code
	Freytags		2211 West Anderson Ln		
			Austin, TX 78757		
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Campaign Constituent Gi	fts	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX.	, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	Office held	
PAYMENT	(a) Amount Charged \$9.50	(b) Date of Charge 08/06/2024	(c) Date(s) Credit Card Issue 09/03/2024	r Paid	
PAYEE	(a) Payee name USPS	USPS		City, State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Austin, TX 78701 (b) Description Campaign Postage		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 15/51 Rpt: 46/83	Friends of Donna C	ampbell		00068678		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$59.00	(b) Date of Charge 08/07/2024	(c) Date(s) Credit Card Issuer 09/03/2024	Paid		
7 PAYEE	(a) Payee name  Canva		(b) Payee address; 2140 South Dupont Hwy	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		Camden, DE 19934 (b) Description			
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Campaign Software Subse	cription		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$83.91	(b) Date of Charge 08/07/2024	(c) Date(s) Credit Card Issuer 09/03/2024	<sup>*</sup> Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Chick-Fil-A	Chick-Fil-A				
			New Braunfels, TX 78132			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description District Staff Meeting			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held	CIISC	
expenditure to benefit C/OH			<b>3</b>			
PAYMENT	(a) Amount Charged \$160.00	(b) Date of Charge 08/09/2024	(c) Date(s) Credit Card Issuer 09/03/2024	Paid		
PAYEE	(a) Payee name Perrys Steak House	9	(b) Payee address; 114 West 7Th St Austin, TX 78701-3000	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Description Capitol Staff Meeting		_	_
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete thi	s form.		,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)
Sch: 16/51 Rpt: 47/83	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$15.60	(b) Date of Charge 08/09/2024	(c) Date(s) C 09/03/2024	Credit Card Issuer 4	Paid		
7 PAYEE	(a) Payee name  City Park Valet		(b) Payee ac 114 West 7	7Th St	City,	State,	Zip Code
	() 5		Austin, TX				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description  Campaign	on Staff Parking			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$25.98	(b) Date of Charge 08/09/2024	(c) Date(s) C	credit Card Issuer	Paid		
PAYEE	(a) Payee name Star Awards		(b) Payee address; 1500 South Interstate 35		City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Gift/Awards/Memorial		New Braunfels, TX 78130  (b) Description  Campaign Constituent Gifts				
X Political							
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 08/09/2024	(c) Date(s) C	Credit Card Issuer	· Paid		
PAYEE	(a) Payee name 900 Congress	900 Congress		ldress; .do St 78701	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Transportation Equipn Expense	,	(b) Description	on Staff Parking			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
							·

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete thi	s form.		,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 17/51 Rpt: 48/83	Friends of Donna C	Campbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
	\$196.22	08/12/2024					
7 PAYEE	(a) Payee name AT&T		(b) Payee ad 208 South	ldress; Akard St Fl 10	City,	State,	Zip Code
				75202-4208			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this sahadula)	(b) Description				
EXPENDITURE	Office Overhead/Rent		Officeholde	er Cell Phone			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
	\$113.66	08/12/2024					
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
	A-Tan Asian Bistro		1528 East	Cmn St Ste 15			
			New Braun	fels, TX 78130			
PURPOSE OF	(a) Category		(b) Description	on			
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe		District Sta	ff Meeting			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
	\$12.25	08/13/2024					
PAYEE	(a) Payee name	I	(b) Payee ad	ldress;	City,	State,	Zip Code
			3300 Bee 0	Caves Rd			
	Fedex Office						
			Austin, TX	78746			
PURPOSE OF	(a) Category		(b) Description	on			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign	Shipping Fees			
X Political	Julice Overneau/Rem	iai Evheilse					
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Aust				officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
<b> </b>	l .						

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeriolder/Folitica		ruction Guide explains how	•	THEN (elliel a category ii	ot iisteu at	ove)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 18/51 Rpt: 49/83	Friends of Donna C	Campbell		00068678		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$50.00	08/13/2024				
7 PAYEE	(a) Payee name  Healthcare Think To	ank	(b) Payee address; 7330 San Pedro Ave Ste	,	State,	Zip Code
			San Antonio, TX 78216			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Event Tickets			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expens	se	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$100.65	(b) Date of Charge 08/14/2024	(c) Date(s) Credit Card Issue	er Paid		
PAYEE	(a) Payee name HEB.com		(b) Payee address; 646 South Flores St	City,	State,	Zip Code
DUDDOOF OF	(a) Catagon		San Antonio, TX 78204			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Capitol Office Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expens	se	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$310.50	(b) Date of Charge 08/14/2024	(c) Date(s) Credit Card Issue	er Paid		
PAYEE	(a) Payee name  New Braunsfels He	rald	(b) Payee address; 549 Landa St	<b>,</b>	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		New Braunfels, TX 78130 (b) Description Campaign Subscriptions	0-6109		
Non-Political	(c) Check if travel outside		, officeholder living expens	se		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)	
Sch: 19/51 Rpt: 50/83	Friends of Donna C	ampbell		00068678			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$65.00	08/15/2024					
7 PAYEE	(a) Payee name  Kickingbird Golf		(b) Payee address; 1600 East Danforth Rd	City,	State,	Zip Code	
	( ) -		Edmond, OK 73034				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Event Expense	or time estricularly	Event Tickets				
X Political							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		, officeholder living exper	nse		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH	( ) 4 ( ) 4	[ (1) D ( ) (0)	1() 5 : () 6 : 11 6 : 11	B : 1			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$32.45	08/16/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Amazon		410 Terry Ave N				
			Seattle, WA 98109				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Capitol Office Supplies				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exper	nse		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$567.00	(b) Date of Charge 08/16/2024	(c) Date(s) Credit Card Issue	r Paid			
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
	(a) rayee name		211 West 3Rd St	Oity,	Otato,	Zip Code	
	Boerne Star		ZII West ond St				
			Taylor, TX 76574-3518				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign Print Advertisir	ng			
X Political	Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exper	nse		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH	expenditure to benefit C/OH						

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)
	Sch: 20/51 Rpt: 51/83	Friends of Donna C	ampbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$16.16	08/16/2024					
7	PAYEE	(a) Payee name  New Braunfels Ship	oping	(b) Payee 1308 Cm	ın St	City,	State,	Zip Code
Ļ	DUDDOS 05	(a) Cataman			unfels, TX 78130	)-3557		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Campaig	otion In Shipping Fees			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b> e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$10.00	08/16/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Plat Parking		349 East	Commerce St			
				San Anto	nio, TX 78205			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Descrip Campaig	otion In Staff Parking			
	Non-Political	<u> </u>	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$8.00	08/19/2024					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Hyatt Regency		9800 Hya	att Resort Dr			
L				San Anto	onio, TX 78251			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descrip				
	EXPENDITURE	Transportation Equipr	,	Campaig	n Staff Parking			
	X Political	Expense						
	Non-Political					officeholder living exp	ense	
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
Ľ	Apenditure to beliefft C/OH							

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** *********************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 21/51 Rpt: 52/83	Friends of Donna C	ampbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
		\$74.04	08/20/2024					
7	PAYEE	(a) Payee name		(b) Payee	•	City,	State,	Zip Code
		Panera Bread		2315 Soi	uth Interstate 35 E	3ldg 2		
L					cos, TX 78666			
8	PURPOSE OF	(a) Category	-f.4b-i	(b) Descri				
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		District S	Staff Meeting			
	X Political	μ.						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH		1	T.,				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
		\$8.00	08/20/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Livett Degeney		9800 Hya	att Resort Dr			
		Hyatt Regency						
L					onio, TX 78251			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	<b>—</b>	Transportation Equip		Campaig	ın Staff Parking			
	X Political	Expense			_			
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	o oought	Check if Austin, TX,	officeholder living exp	ense	
_ ا	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	· Paid		
	TATMENT			(c) Date(s)	) Credit Card 133uci	i did		
		\$19.32	08/20/2024					
H	PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code
l				155 5Th	St 7			
		Decoding San Anto	onio					
				San Fran	ncisco, CA 94103	-2919		
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip				
	EXPENDITURE	Event Expense	oi una scriedule)	Event Tid	ckets			
	X Political	•						
	Non-Political	(8) 🚨				officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	expenditure to benefit C/OH							
ĺ								

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 22/51 Rpt: 53/83	Friends of Donna C	ampbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0	Credit Card Issuer	Paid		
		\$80.00	08/20/2024					
7	PAYEE	(a) Payee name  San Antonio Busine	ess Journal		Morehead St St	City, e 400	State,	Zip Code
Ļ	DUDDOOF OF	(a) Catagony		Charlotte,				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti Campaign	Subscriptions			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	name Office	e sought		Office held			
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid		
		\$59.96	08/21/2024					
	PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code
		Bjs Restaurants		5447 Wes	t Loop 1604 Noi	rth		
				San Anton	io, TX 78253-73	307		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	·	(b) Descripti District Sta				
	X Political	Food/Beverage Expe	ise					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$8.00	(b) Date of Charge 08/21/2024	(c) Date(s) (	Credit Card Issuer	Paid		
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
l		Livett Degenev		9800 Hyat	t Resort Dr			
		Hyatt Regency						
L					io, TX 78251			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top.	of this schedule)	(b) Descripti				
	X Political	(See Categories listed at the top of this schedule) Transportation Equipment And Related Expense			Campaign Staff Parking			
L	Non-Political	on-Political (c) Check if travel outside of Texas. Complete Schedule			Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)
	Sch: 23/51 Rpt: 54/83	Friends of Donna C	ampbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
		\$8.00	08/21/2024					
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		Hyatt Regency		9800 Hya	att Resort Dr			
				San Anto	nio, TX 78251			
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this sehedule)	(b) Descrip				
	EXPENDITURE  X Political	Transportation Equipr Expense		Campaig	n Staff Parking			
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	sought	_	Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$15.44	08/21/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Chuy's		1121 Nor	th Ih-35			
				San Marc	cos, TX 78666			
	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Hays Co	unty Luncheon			
	X Political							
	Non-Political	1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$68.20	08/22/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Petals To Go		1515 Nor	th Walnut Ave			
				New Brai	unfels, TX 78130			
	PURPOSE OF	(a) Category	of this cohodule)	(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Campaig	n Constituent Gif	ts		
	X Political							
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, of					ense	
6	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	sought		Office held		
_	Apenditure to beliefft C/OH							

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	-	THEN (eller a calegory	not listed a	bove)	
1	Total pages Schedule F4:			·	3 Filer ID (Ethics	s Commis	sion Filers)	
	Sch: 24/51 Rpt: 55/83	Friends of Donna C	ampbell		00068678		,	
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$8.00	08/22/2024					
7	PAYEE	(a) Payee name  Hyatt Regency		(b) Payee address; 9800 Hyatt Resort Dr	City,	State,	Zip Code	
L				San Antonio, TX 78251				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipo Expense		(b) Description Campaign Staff Parking				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$6.50	(b) Date of Charge 08/23/2024	(c) Date(s) Credit Card Issue	r Paid			
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Cravings		712 West San Antonio				
L				New Braunfels, TX 78130	-5502			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description District Staff Meeting				
	X Political	Food/Beverage Expe	nse					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$75.76	08/26/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Fedex Office		7900 Legacy Dr				
				Plano, TX 75024				
一	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Campaign Shipping Fees				
	X Political	Onice Overneau/Ren	ан шхрепое					
L	Non-Political	n-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Aust				nse		
е	Complete ONLY if direct xpenditure to benefit C/OH							

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a category	not listed at	pove)
1 Total pages Schedule F4:	2 FILER NAME	·	<u> </u>	3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 25/51 Rpt: 56/83	Friends of Donna C	ampbell		00068678		,
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	\$9.50	08/26/2024				
7 PAYEE	(a) Payee name Walgreens		(b) Payee address; 5781 Kyle Pkwy	City,	State,	Zip Code
			Kyle, TX 78640			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
X Political	Office Overhead/Rent		District Office Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct Candidate/Officeholder name Of			e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	\$42.14	08/26/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	HEB.com		646 South Flores St			
			San Antonio, TX 78204			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		District Office Supplies			
X Political	omice overneda/item	tai Experise				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	\$12.50	08/26/2024				
PAYEE	(a) Payee name	L	(b) Payee address;	City,	State,	Zip Code
	Greater New Braun	fels Chamber	390 South Seguin Ave			
			New Braunfels, TX 78131			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Campaign Luncheon Fees	S		
X Political	Food/Beverage Expe					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held		
expenditure to benefit C/OH			-			

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)	
Sch: 26/51 Rpt: 57/83	Friends of Donna C	ampbell		00068678			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$13.00	08/27/2024					
7 PAYEE	(a) Payee name  New Braunfels Ship	pping	(b) Payee address; 1308 Cmn St	City,	State,	Zip Code	
			New Braunfels, TX 78130	-3557			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description				
l <u> </u>	Office Overhead/Rent		Campaign Shipping Fees				
X Political		•					
Non-Political		of Texas. Complete Schedule T.		officeholder living exper	nse		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$63.62	08/27/2024					
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code	
	Office Depot		1050 Interstate 35 North S	Ste 800			
			New Braunfels, TX 78130				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description District Office Supplies				
X Political	Office Overhead/Rent	tal Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$19.45	(b) Date of Charge 08/28/2024	(c) Date(s) Credit Card Issuer	<sup>^</sup> Paid			
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code	
			Ste 100 5 Cowboys Way				
	Dallas Cowboys Pr	o Shop					
			Frisco, TX 75034				
PURPOSE OF	(a) Category	<b>7</b> 11. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) Description Campaign Auction Items				
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense						
X Political		<u> </u>					
Non-Political	(c) Check if travel outside	Check if Austin, TX,	officeholder living exper	nse			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH	xpenditure to benefit C/OH						

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>		3 Filer ID (Ethics Commission Filers)
Sch: 27/51 Rpt: 58/83	Friends of Donna C	ampbell		00068678
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid
	\$489.00	08/28/2024		
7 PAYEE	(a) Payee name  Dee Lincoln Prime		(b) Payee address; 6670 Winning Dr Ste 400	City, State, Zip Code
	( ) 2		Frisco, TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
	Food/Beverage Exper		Campaign Staff Meeting	
X Political Non-Political	<u> </u>		<u> </u>	
	Complete ONLY if direct Candidate/Officeholder name Office			officeholder living expense Office held
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolider	marile Offic	e sought	Office field
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid
	\$25.46	08/28/2024	(3)	
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Big'z Burger Joint		2303 North Loop 1604 We	est
			San Antonio, TX 78258-46	673
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description	
	Food/Beverage Exper		District Staff Meeting	
X Political				
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid
	\$100.00	08/28/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Buda Area Chambe	er	203 Railroad St Ste 1C	
			Buda, TX 78610	
PURPOSE OF	(a) Category (See Categories listed at the top	of this colored (Is)	(b) Description	
EXPENDITURE	Office Overhead/Rent		Campaign Dues	
	X Political			
Non-Political	(c) Check if travel outside		officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held
expenditure to benefit C/OH				

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete th	nis form.	(	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 28/51 Rpt: 59/83	Friends of Donna C	ampbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$166.67	08/30/2024					
7	PAYEE	(a) Payee name  Texas Federation o	f Republican	(b) Payee a 13740 No Austin, TX	rth Hwy 183 Sui	City, te J4	State,	Zip Code
8	PURPOSE OF	(a) Category		(b) Descript				
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Event Tick				
	X Political	Event Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	F	Check if Austin TX	officeholder living ex	nense	
9	Complete ONLY if direct	Candidate/Officeholder		e sought	Chock ii Addiini, 174	Office held	po	
	xpenditure to benefit C/OH			Ū				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$242.00	08/31/2024					
	PAYEE	PAYEE (a) Payee name (b) Payee address;			ddress;	City,	State,	Zip Code
		Lockaway Storage		452 Fm 30	06			
				New Brau	nfels, TX 78130			
	PURPOSE OF	(a) Category		(b) Descript	tion			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign	Storage Fees			
	X Political	omee overneda/item	Lai Experioc					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$294.22	09/02/2024					
	PAYEE	(a) Payee name	I	(b) Payee a	iddress;	City,	State,	Zip Code
		Mailahimp		675 Ponce	e De Leon Ave N	North East Ste	: 5000	
		Mailchimp						
		() 2		Atlanta, G				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top.	of this schedule)	(b) Descript				
	X Political	(See Categories listed at the top of this schedule) Advertising Expense		Campaign	ı Email Distributi	IUII		
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<del></del>	Office held		
е	xpenditure to benefit C/OH							

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a category not is	ited above)
1 Total pages Schedule F4:	2 FILER NAME	·	<u> </u>	3 Filer ID (Ethics Cor	nmission Filers)
Sch: 29/51 Rpt: 60/83	Friends of Donna C	ampbell		00068678	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid	
	\$125.00	09/04/2024			
7 PAYEE	(a) Payee name Canva		(b) Payee address; 2140 South Dupont Hwy	City, Sta	ate, Zip Code
			Camden, DE 19934		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
X Political	Office Overhead/Rent		Campaign Software Subs	cription	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid	
	\$7.00	09/04/2024			
PAYEE	(a) Payee name	•	(b) Payee address;	City, Sta	ate, Zip Code
	Cosa		240 East Houston		
			San Antonio, TX 78205		
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description		
EXPENDITURE	Transportation Equipr		Campaign Staff Parking		
X Political	Expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid	
	\$47.41	09/05/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, Sta	ate, Zip Code
	Fedex Office		3300 Bee Caves Rd		
			Austin, TX 78746		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top		Campaign Shipping Fees		
X Political	Office Overhead/Rent	tai Expense			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin. TX.	officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held	
expenditure to benefit C/OH			Ŭ	-	

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete thi	is form.		.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 30/51 Rpt: 61/83	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$53.22	09/05/2024					
7 PAYEE	(a) Payee name  Fresa's		(b) Payee ac	ldress; Lamar Blvd	City,	State,	Zip Code
			Austin, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
<u></u>	Food/Beverage Exper		Capitol Sta	iff Meeting			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
9 Complete ONLY if direct	proto <u>Grizi</u> ii direct			Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$54.40	09/05/2024					
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
	Fresa's		915 North	Lamar Blvd			
			Austin, TX	78704			
PURPOSE OF	(a) Category		(b) Description	on			
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe		Capitol Sta	Iff Meeting			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	7 Check if Austin, TX.	officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
expenditure to benefit C/OH			-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$34.39	09/05/2024					
PAYEE	(a) Payee name	l	(b) Payee ac	ldress;	City,	State,	Zip Code
			5401 Fm 1	626 170			
	The UPS Store						
			Kyle, TX 78	8640			
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign	Postage			
X Political	Janes Overneau/Nein	ш Елрепос					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
	1						

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officerolder/Folitica	3	ruction Guide explains how	to complete this		THEN (elitel a categor	y not listed a	bove)
1	Total pages Schedule F4:	2 FILER NAME	·	•		3 Filer ID (Ethio	cs Commis	sion Filers)
	Sch: 31/51 Rpt: 62/83	Friends of Donna C	ampbell			00068678		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPENDIT	UNITEMIZED URES TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	r Paid		
		\$43.27	09/05/2024					
7	PAYEE	(a) Payee name		(b) Payee address; City, 410 Terry Ave N			State,	Zip Code
		Amazon						
				Seattle, WA	98109			
8	PURPOSE OF	(a) Category		(b) Description	1			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Capitol Office	e Supplies			
	X Political	Office Overflead/Refit	iai Experise					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	r Paid		
		\$60.00	09/05/2024					
Г	PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code
		Boerne Chamber o	f Commerce	121 South M	lain St			
				Boerne, TX	78006			
	PURPOSE OF	(a) Category		(b) Description	1			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign D	ues			
	X Political	Office Overflead/Refin	iai Experise					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	r Paid		
		\$40.00	09/05/2024					
Г	PAYEE	(a) Payee name	•	(b) Payee add	ress;	City,	State,	Zip Code
		Greater New Braun	fels Chamber	390 South S	eguin Ave			
				New Braunfe	els, TX 78131			
H	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	*	Campaign D	ues			
	x Political	Office Overhead/Rent	ıaı ⊏xpense					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living exp	ense	
一	Complete ONLY if direct	Candidate/Officeholder	·	e sought	<u>·</u>	Office held		
е	xpenditure to benefit C/OH							

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)		
	Sch: 32/51 Rpt: 63/83	Friends of Donna C	Campbell			00068678				
4	CREDIT CARD ISSUER	1	ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid				
		\$81.18	09/06/2024							
7	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code		
		Michaels		5400 Brodie Ln						
L				Austin, TX						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign Constituent Gifts						
	_	Gift/Awards/Memorial		Campaign	Constituent Gif	ts				
	X Political		•							
L	Non-Political	· · · —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
Ľ	expenditure to benefit C/OH	( ) 4 ( ) 4	[ (1) D ( ) (0)	1/25//26	2 12 0 11	D ::1				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid				
		\$112.58	09/06/2024							
Г	PAYEE	(a) Payee name		(b) Payee address; City, St				Zip Code		
		Texas Pie Compan	у	202 West (	Ctr St					
				Kyle, TX 7	8640-9461					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	•	(b) Descripti Capitol Sta						
	X Political	Office Overhead/Rent	tai Expense							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
E	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid				
		\$195.00	09/09/2024							
Г	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code		
		0		2140 South	h Dupont Hwy					
		Canva								
L				Camden, DE 19934						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Descripti						
	X Political	Office Overhead/Rent	•	Campaign	Software Subs	cription				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX.	officeholder living exp	ense			
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held				
E	expenditure to benefit C/OH									

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Mange/Control Labor

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		HER (enter a category	not listed a	pove)	
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>		3 Filer ID (Ethics Commission Filers)			
Sch: 33/51 Rpt: 64/83	Friends of Donna C	ampbell		00068678		,	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$32.00	09/09/2024					
7 PAYEE	(a) Payee name  Bexar County Repu	ublicans	(b) Payee address; City, State 13423 Blanco Rd 317				
	() 2		San Antonio, TX 78216				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Office Overhead/Rent		Campaign Dues				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expe	nse		
9 Complete ONLY if direct	Candidate/Officeholder	•	e sought	Office held	1130		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$14.59	09/10/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Super Donuts		1935 West State Hwy 46	Ste 101			
			New Braunfels, TX 78132				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
EXPENDITURE	Food/Beverage Exper		District Office Meeting				
X Political							
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		officeholder living expe	nse		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$141.30	09/10/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Canyon Lake Repu	blican Women	177 Coral Cv				
			Spring Branch, TX 78070				
PURPOSE OF	(a) Category	-f.4b-ibd-1-)	(b) Description				
EXPENDITURE 	(See Categories listed at the top <b>Event Expense</b>	or this schedule)	Event Tickets				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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/Onicendiden/Folitica		ruction Guide explains how	to comp			THEN (enter a catego	ry not listed at	oove)
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 34/51 Rpt: 65/83	Friends of Donna C	ampbell				00068678		
4 CREDIT CARD ISSUER	1	ncial institution revious	EX	PEND ARGE	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Da	te(s) (	Credit Card Issue	r Paid		
	\$17.00	09/10/2024						
7 PAYEE	(a) Payee name  New Braunfels Ship	pping		yee a	ddress; St	City,	State,	Zip Code
					nfels, TX 78130	-3557		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) De					
<u> </u>	Office Overhead/Rent		Cam	paign	Shipping Fees			
X Political								
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	oense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sough	t		Office held		
expenditure to benefit C/OH	(a) A	(h) Data at Obarra	(-) D-	+- (-) (	2 dia 0d l	- D-1-I		
PAYMENT	(a) Amount Charged \$22.00	(b) Date of Charge 09/10/2024	(c) Da	ue(s) C	Credit Card Issue	Palu		
PAYEE	(a) Payee name		(h) Do	V00 24	ddress;	City,	State,	Zip Code
TAILL	(a) Payee name				ertz Pkwy	City,	State,	Zip Code
	The Chamber		1730	SCITE	TIZ FKWY			
					X 78154			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) De		on Dues			
X Political	Office Overhead/Rent	iai Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sough	t		Office held		
PAYMENT	(a) Amount Charged \$196.22	(b) Date of Charge 09/12/2024	(c) Da	te(s) (	Credit Card Issue	r Paid		
PAYEE	(a) Payee name		(b) Pa	yee a	ddress;	City,	State,	Zip Code
			208 9	South	Akard St Fl 10			
	AT&T							
			Dalla	s, TX	75202-4208			
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office	ehold	er Cell Phone			
X Political			1					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sough	t		Office held		

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete thi	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 35/51 Rpt: 66/83	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$125.00	09/13/2024					
7 PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
	Boerne Star		211 West 3				
				76574-3518			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Advertising Expense	or the sorround,	Campaign Print Advertising				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
	\$54.34	09/16/2024					
PAYEE	(a) Payee name	•	(b) Payee ac	ldress;	City,	State,	Zip Code
	MANN Daine 205 Co		396 South	Sycamore Ave			
	Www.Raise-365.Co	om					
				fels, TX 78130			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cobody (a)	(b) Descripti				
EXPENDITURE	Contributions/Donation		Contributio	n			
X Political	Candidate/Officeholde						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
	\$54.34	09/16/2024					
PAYEE	(a) Payee name	<u> </u>	(b) Payee ad	ldress;	City,	State,	Zip Code
	(4) * 3) * 3		` ' '	Sycamore Ave		,	
	Www.Raise-365.Co	om	000 000	2,00			
			New Braun	nfels, TX 78130			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	,	Contributio	n			
X Political	Contributions/Donation Candidate/Officeholde						
Non-Political		of Texas. Complete Schedule T.	<del>'</del> г	Check if Austin, TX.	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held		
expenditure to benefit C/OH			-				
	•						

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commis	sion Filers)
Sch: 36/51 Rpt: 67/83	Friends of Donna C	Campbell		00068678		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$13.00	09/17/2024				
7 PAYEE	(a) Payee name  New Braunfels Ship	pping	(b) Payee address; 1308 Cmn St	City,	State,	Zip Code
			New Braunfels, TX 78130	)-3557		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description Campaign Shipping Fees	3		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense	
9 Complete ONLY if direct	ONLY if direct Candidate/Officeholder name Office sought			Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$14.05	09/18/2024				
PAYEE	(a) Payee name	L	(b) Payee address;	City,	State,	Zip Code
	La Madeleine		1201 Barbara Jordan Blv	d Bldg 11		
			Austin, TX 78723			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Campaign Staff Meeting			
X Political	Food/Beverage Expe	1156				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$6.28	(b) Date of Charge 09/18/2024	(c) Date(s) Credit Card Issue	er Paid		
PAYEE	(a) Payee name	l .	(b) Payee address;	City,	State,	Zip Code
			501 West 15Th St Ste D			
	Starbucks					
			Austin, TX 78701			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
l <u> </u>	Food/Beverage Expe	•	Capitol Staff Meeting			
X Political			<u> </u>			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living ex				ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

l	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)		
	Sch: 37/51 Rpt: 68/83	Friends of Donna C	Campbell			00068678				
4	CREDIT CARD ISSUER	1	ncial institution revious	EXPENDI <sup>*</sup>	UNITEMIZED TURES TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid				
		\$66.95	09/19/2024							
7	PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code		
		San Marcos Chamb	per	202 North (	C Mcallen Pkwy	/				
L				<u> </u>	s, TX 78666					
8	PURPOSE OF	(a) Category	of this cohodule)	(b) Description						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign I	Dues					
	X Political									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
€	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid				
		\$66.74	09/20/2024							
Г	PAYEE	(a) Payee name		(b) Payee address; City, Sta				Zip Code		
		Office Depot		201 Springt	town Way					
				San Marcos	s, TX 78666					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description District Office						
	X Political	Office Overhead/Rent	tal Expense							
L	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
-	expenditure to benefit C/OH	() (	T (1) = 1 ( 1)	1// 5 / // 5						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid				
		\$55.02	09/20/2024							
	PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code		
		Molaroono		5781 Kyle F	Pkwy					
		Walgreens								
L		Kyle, TX 78640								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	X Political	Office Overhead/Rent	•	District Office	ce Supplies					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	-	Office held				
€	expenditure to benefit C/OH									

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)					
Sch: 38/51 Rpt: 69/83	Friends of Donna C	Campbell		00068678							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$38.95	09/21/2024									
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Amazon		410 Terry Ave N								
			Seattle, WA 98109								
8 PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Capitol Office Supplies								
X Political	Office Overficad/Neri	tai Experise									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense						
9 Complete ONLY if direct	ct Candidate/Officeholder name Office sought C			Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$102.69	09/24/2024									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	HEB.com		646 South Flores St								
			San Antonio, TX 78204								
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top		Capitol Office Supplies								
X Political	Office Overhead/Ren	tal Expense									
Non-Political	`	of Texas. Complete Schedule T.	<u> </u>	, officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH	() 1	[ (1) D ( ) (0)	100000	D : 1							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$13.00	09/24/2024									
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code					
	No. Box of the Old	•	1308 Cmn St								
	New Braunfels Ship	pping									
			New Braunfels, TX 78130	)-3557							
PURPOSE OF	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description								
EXPENDITURE	Office Overhead/Ren	*	Campaign Shipping Fees	•							
X Political		· 									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	, officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	_						
expenditure to benefit C/OH											

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commis	sion Filers)	
Sch: 39/51 Rpt: 70/83	Friends of Donna C	Campbell			00068678			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$43.00	09/25/2024						
7 PAYEE	(a) Payee name Zazzle		(b) Payee 1200 Ch		City,	State,	Zip Code	
			Menlo Park, CA 94025					
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	•	(b) Description Campaign Constituent Gifts					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$27.02	(b) Date of Charge 09/25/2024	(c) Date(s)	Credit Card Issuer	r Paid			
	Ψ27.02	03/23/2024						
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
	Hobby Lobby		360 Creekside Way					
			New Bra	unfels, TX 78130	1			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descrip	otion In Constituent Gif	fts			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$145.00	09/26/2024						
PAYEE	(a) Payee name	L	(b) Payee	address;	City,	State,	Zip Code	
			2140 S D	Supont Highway				
	Canva							
				DE 19934				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		a wine ti a m			
l <u> </u>	Office Overhead/Rent		Campaig	n Software Subs	cription			
X Political								
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
experiorale to belieffit C/OH								

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)			
Sch: 40/51 Rpt: 71/83	Friends of Donna C	Campbell			00068678					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid					
	\$108.92	09/26/2024								
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
	A-Tan Asian Bistro			Cmn St Ste 15						
	( ) 0 :		New Braunfels, TX 78130							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description District Staff Meeting							
X Political	Food/Beverage Expe		District Staff Meeting							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid					
	\$29.20	09/26/2024								
PAYEE	(a) Payee name		(b) Payee address; City, State,				Zip Code			
	Pit Stop Food Mart		2204 Hwy 46 West							
			New Braur	nfels, TX 78132						
PURPOSE OF	(a) Category		(b) Descripti							
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		District Off	ice Supplies						
X Political	Gilly (wards/wemonal	3 Ехрепос								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH		-								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid					
	\$77.25	09/26/2024								
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code			
			646 South	Flores St						
	HEB.com									
			San Anton	io, TX 78204						
PURPOSE OF	(a) Category (See Categories listed at the top	of this colored (Is)	(b) Descripti							
EXPENDITURE	Office Overhead/Rent		District Off	ice Supplies						
X Political		· 								
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

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

The Instruction Guide explains how to complete this fo

	i ne insti	ruction Guide explains now	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	ion Filers)
Sch: 41/51 Rpt: 72/83	Friends of Donna C	ampbell		00068678		
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED	<b>.</b>		
ISSUER	Chase	e Bank	EXPENDITURES CHARGED TO A CREDIT	\$		
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$10.81	07/01/2024	08/21/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	iHeartMedia					
	ii icartivicaia	Depter MA 02241				
0 PUPPOSE OF	(a) Catagony		Boston, MA 02241			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	i Cambalun Subscribilons			
X Political	Office Overhead/Rent	al Expense	Campaign Subscriptions			
Non-Political	() 🗖		<u> </u>			
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expe	nse	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onic	e sought	Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
FATMENT			08/21/2024	raiu		
	\$24.90	07/12/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(a) i ayee name		1 Microsoft Way	Oity,	State,	Zip Code
	Microsoft		2 mioroson way			
			Redmond, WA 98052			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Campaign Email Hosting			
X Political	Advertising Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$14.92	07/12/2024	08/21/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Microsoft		1 Microsoft Way			
	Wildrosoft					
	(a) Cataman		Redmond, WA 98052			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign Email Hosting			
X Political	Advertising Expense		Campaign Email Hosting			
Non-Political	(2) 🗆 (2) (3)	<b>,</b> = 0	<u> </u>	<i>m</i> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Offic	o sougiit	Onice Held		
S.ponditaro to bonont 0/011	<u> </u>					

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 42/51 Rpt: 73/83	Friends of Donna C	ampbell			00068678				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$	\$			
6	PAYMENT	(a) Amount Charged \$15.95	(b) Date of Charge 07/14/2024	08/21/20		r Paid				
7	PAYEE	(a) Payee name			address; ak Run Pkwy unfels, TX 78132	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip						
	Non-Political				officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
L	xpenditure to benefit C/OH	(-) A	(h) Data at Obania	(-) D-+-(-)	0	- D-1-1				
	PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 07/16/2024	08/21/20	Credit Card Issue 24	rPaid				
	PAYEE	(a) Payee name  Adobe.com	Adobe.com 345 Park Avenue		City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	e, CA 95110 otion n Software Subs	cription				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$90.03	(b) Date of Charge 07/16/2024	(c) Date(s) 08/21/20	Credit Card Issue 24	r Paid				
	PAYEE	(a) Payee name Walmart		(b) Payee 1801 N V Angleton		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Description District C	office Supplies					
$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	0 001:	Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
ı										

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)		
Sch: 43/51 Rpt: 74/83	Friends of Donna C	ampbell		00068678				
4 CREDIT CARD ISSUER		Name of financial institution  see previous  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$15.00	07/17/2024	08/21/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	New Braunfels Shipping 1308 Cmn St			2557				
8 PURPOSE OF	(a) Category		New Braunfels, TX 78130 (b) Description	-3557				
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Campaign Shipping Fees					
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living expens	se			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH		-						
PAYMENT	(a) Amount Charged \$17.68	(b) Date of Charge 07/19/2024	(c) Date(s) Credit Card Issuer 08/21/2024	r Paid				
PAYEE			(b) Payee address;	City,	State,	Zip Code		
	cvs		Sh 46 Oak Run Pkwy					
	(a) Oatawari		New Braunfels, TX 78132					
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description District Office Supplies					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chook if Austin TV	officeholder living expens	~~			
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held	Se			
expenditure to benefit C/OH			o coug					
PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 07/31/2024	(c) Date(s) Credit Card Issuer 09/25/2024	r Paid				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	iHeartMedia		PO Box 419499					
			Boston, MA 02241					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Subscriptions					
X Political	Onice Overneau/Reni	ш шүрспэс						
Non-Political	(1)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expen-	se			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 44/51 Rpt: 75/83	Friends of Donna C	ampbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$419.39	(b) Date of Charge 08/02/2024	(c) Date(s) Credit Card Issuer Paid 09/25/2024				
7	PAYEE	(a) Payee name Omni Hotels		(b) Payee 700 San Austin, T	Jacinto	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip				
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living exp	ense		
9 e	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought			Office held				
	PAYMENT	(a) Amount Charged \$95.26	(b) Date of Charge 08/07/2024	(c) Date(s) 09/25/20	) Credit Card Issuer 24	Paid		
	PAYEE	(a) Payee name Petals To Go		(b) Payee address; 1515 North Walnut Ave		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descrip	unfels, TX 78130 otion In Constituent Gif			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$265.00	(b) Date of Charge 08/09/2024	(c) Date(s) 09/25/20	) Credit Card Issuer 24	Paid		
	PAYEE	(a) Payee name  American Airlines		(b) Payee PO Box ( Dallas, T	519616	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip Campaig	otion In Staff Airfare			
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete t	his form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)
Sch: 45/51 Rpt: 76/83	Friends of Donna C	Campbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	Paid		
	\$368.19	08/11/2024	09/25/202	24			
7 PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code
	American Airlines		PO Box 6	19616			
			Dallas, T				
8 PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule)  Campaign Staff							
X Political	Travel Out of District	or this seriedate)	Campaigr	n Staff Airfare			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	[	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	\$55.14	08/11/2024	09/25/202	24			
PAYEE	PAYEE (a) Payee name (b) Payee address;		address;	City,	State,	Zip Code	
	American Airlines		PO Box 6	19616			
			Dallas, TX 75261				
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE    X   Political	(See Categories listed at the top Travel Out of District	of this schedule)	Campaigr	n Staff Airfare			
X Political Non-Political	() []			<del></del>	***		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense  Ce sought  Office held				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolider	name Onio	e sought		Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
· · · · · · · · · · · · · · · · · · ·	1 ` '	` '	09/25/202				
	\$14.92	08/12/2024					
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
			1 Microso		<i>,</i>	,	•
	Microsoft			j			
			Redmond	I, WA 98052			
PURPOSE OF	(a) Category		(b) Descrip	tion			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Campaigr	n Email Hosting			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	1						

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 46/51 Rpt: 77/83	Friends of Donna C	ampbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$24.90	(b) Date of Charge 08/12/2024	(c) Date(s) Credit Card Issuer Paid 09/25/2024				
7	PAYEE	(a) Payee name Microsoft		(b) Payee  1 Microse		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descrip				
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living exp	ense		
<b>9</b>	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought			Office held				
	PAYMENT	(a) Amount Charged \$81.19	(b) Date of Charge 08/16/2024	(c) Date(s) 09/25/20	) Credit Card Issuei 24	r Paid		
	PAYEE	(a) Payee name (b) Payee address; Central Market 646 S Main Ave		ain Ave	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	onio, TX 78204 otion office Supplies			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 08/18/2024	(c) Date(s) 09/25/20	) Credit Card Issuei 24	r Paid		
	PAYEE	(a) Payee name  Adobe.com		(b) Payee 345 Park San Jose		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Campaig	otion In Software Subs	cription		
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 47/51 Rpt: 78/83	Friends of Donna C	ampbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$104.58	(b) Date of Charge 08/23/2024	09/25/20		r Paid		
7	PAYEE	(a) Payee name Flowers By Nora			hweast Third St	City,	State,	Zip Code
Ļ	PURPOSE OF	(a) Category		(b) Descrip	derdale, FL 33304	4		
8	EXPENDITURE  X Political	(See Categories listed at the top Gift/Awards/Memorial	•		n Constituent Gif	its		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	9 Complete ONLY if direct expenditure to benefit C/OH				Office held			
Ľ	PAYMENT	(a) Amount Charged	(b) Data of Chargo	(a) Data(s)	Credit Card Issue	r Doid		
	PATMENT	(a) Amount Charged \$500.00	(b) Date of Charge 09/01/2024	(c) Date(s)	Credit Card Issuel	Palu		
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Boerne Little Leagu	e Little League 37550 IH 10 W					
L					TX 78006			
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Descrip				
	Non-Political		of Texas. Complete Schedule T.		Charle if Austin TV	office holder living over		
H	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	<u> </u>	e sought	Crieck if Austin, 1X,	officeholder living exp	erise	
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 09/01/2024	(c) Date(s)	Credit Card Issuer	r Paid		
	PAYEE	(a) Payee name iHeartMedia		(b) Payee PO Box 4 Boston, N	·	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Campaig	otion n Subscriptions			
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
Г								

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 48/51 Rpt: 79/83	Friends of Donna C	Campbell		00068678			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$89.65	09/01/2024					
7 PAYEE	(a) Payee name  Kroger		(b) Payee address; 1804 N Velasco	City, Stat	e, Zip Code		
	Angleton, TX 77515						
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description				
EXPENDITURE	Office Overhead/Rent		District Office Supplies				
X Political							
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX			officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) Credit Card Issue	r Paid			
	\$95.05	09/02/2024					
PAYEE	PAYEE (a) Payee name			City, Stat	e, Zip Code		
	Doordash		303 2Nd St Ste S800				
			San Francisco, CA 94107				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Campaign Staff Meeting				
X Political	Food/Beverage Expe	iise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$106.90	09/03/2024					
PAYEE	(a) Payee name	<u>I</u>	(b) Payee address;	City, Stat	e, Zip Code		
			441 N Guenther Ave	•	•		
	New Braunfels Smo	okehouse					
			New Braunfels, TX 78130				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	· · · · · · · · · · · · · · · · · · ·	District Staff Meeting				
X Political	Food/Beverage Expe	nse					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held			
expenditure to benefit C/OH							

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete thi	s form.		,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 49/51 Rpt: 80/83	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
	\$24.90	09/12/2024					
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
	Microsoft		1 Microsoft	: Way			
			Redmond,				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Advertising Expense	or this seriedule)	Campaign	Email Hosting			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, or			officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH		-					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$14.92	09/12/2024					
PAYEE	(a) Payee name (b) Payee address;			ldress;	City,	State,	Zip Code
	Microsoft 1 Microsoft Way						
			Redmond,	WA 98052			
PURPOSE OF	(a) Category (See Categories listed at the top	of this colored (Is)	(b) Description				
EXPENDITURE  X Political	Advertising Expense	or triis scriedule)	Campaign	Email Hosting			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	· Paid		
	\$39.25	09/13/2024					
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
			646 South	Flores St			
	HEB						
				o, TX 78204			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Office Overhead/Rent		DISTRICT OTH	ce Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<del>.</del> г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 50/51 Rpt: 81/83	Friends of Donna C	Campbell		00068678				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$21.64	09/16/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Adobe.com		345 Park Avenue					
			San Jose, CA 95110					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	a a vi m ti a m				
X Political	Office Overhead/Ren	•	Campaign Software Subscription					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$151.00	09/16/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	USPS		651 N Business IH 35 Ste 420					
			New Braunfels, TX 78130	)				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Office Overhead/Ren		Campaign Postage					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$108.19	09/19/2024						
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State, Zip Code				
			2211 W Anderson Ln					
	Freytags							
			Austin, TX 78757					
PURPOSE OF	(a) Category	(d)	(b) Description					
EXPENDITURE 	(See Categories listed at the top Gift/Awards/Memorial	,	Campaign Constituent G	ifts				
X Political		r						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commis	sion Filers)		
Sch: 51/51 Rpt: 82/83	Friends of Donna C	Campbell		00068678				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$108.19	09/19/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Freytags		2211 W Anderson Ln					
			Austin, TX 78757					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign Constituent Gi	ifts				
X Political	Gift/Awards/Memorial	s Expense						
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			, officeholder living expe	ense			
(8)			e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer			er Paid				
	\$264.68	09/25/2024						
PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code		
	Paint The Parkway		12200 SE Loop 410 Acce	ess Road				
			San Antonio, TX 78214					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Event Tickets					
X Political	Event Expense							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$65.00	09/25/2024						
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code		
			12200 SE Loop 410 Acce	ess Road				
	Paint The Parkway		·					
			San Antonio, TX 78214					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Contributions/Donation	*	Contribution					
X Political		er/Political Committee						
Non-Political	\(\frac{1}{2}\)   \(\frac{1}{2}\)	of Texas. Complete Schedule T.		, officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH	expenditure to benefit C/OH							

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 83/83 2 FILER NAME Filer ID (Ethics Commission Filers) Friends of Donna Campbell 00068678 8 Amount (\$) Date 5 Name of person from whom amount is received 08/31/2024 Independent Financial Group \$7,240.43 6 Address of person from whom amount is received; City; State; Zip Code San Diego, CA 92130 Purpose for which amount is received Check if political contribution returned to filer Campaign Interest Amount (\$) Date Name of person from whom amount is received 08/12/2024 National Conference Denver \$719.00 Address of person from whom amount is received; City; State; Zip Code Denver, CO 80230 Purpose for which amount is received Check if political contribution returned to filer Refund of Event Tickets