# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00084192	sion Filers)	2 Total pages fil	ed: 1			
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY			
OFFICEHOLDER NAME	The Honorable	Elizabeth			Date Received				
					ELECTRONICA	ALLY FILED			
	NICKNAME	LACT		SUFFIX	10/07/2024				
	NICKNAME Liz	LAST		SUFFIX	10/01/2024				
		Campos							
4 CANDIDATE /	ADDRESS / PO BOX; APT /	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked			
OFFICEHOLDER MAILING	1028 Rigsby					_			
ADDRESS					Receipt #	Amount			
Change of Address	San Antonio, TX 78210				Data Barrana				
					Date Processed				
					Date Imaged				
					Date imageu				
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	L				
TREASURER		Joe		1411					
NAME	IVII.	306							
				0115517					
		LAST		SUFFIX					
		Campos							
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	// SUITE #; CITY;	STA	ATE; ZIP CODE			
ADDRESS	1035 Rigsby								
(Residence or Business)									
	San Antonio, TX 78210								
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	VTENCION						
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION						
PHONE	(210) 931-8922								
8 REPORT									
TYPE	January 15 X	30th day before	election	Runoff	15th day after car	mnaign treasurer			
		J court day belore		L	appointment (office				
	July 15	8th day before 6	election	Exceeded modified	Final Report (Atta	ach C/OH-FR)			
				reporting limit					
9 PERIOD	Month Day Year			Month Day	Year				
COVERED	07/01/2024	TH	IROUGH	09/26/202	4				
10 ELECTION	ELECTION DATE			ELECTION TYPE					
	Month Day Year	P	rimary	Runoff	Other				
	11/05/2024	XG	eneral	Special					
				ш.					
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)				
	State Representative Distri	ict 119 Bexar		State Represent					
		.00 = 20 = 0.00							
	GO TO PAGE 2								

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 41

13 C / OH NAME	<b>14</b> Filer ID ( 00084192	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exper These expenditures may have been made with d officeholders are required to report this informa	out the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM	E	
		COMMITTEE CAMPAIGN TREASURER ADD	RESS	
16 CONTRIBUTION TOTALS	HAN PLEDGES, LOANS, ELECTRONICALLY)	<b>\$</b> 210.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO.	ANS)	\$ 37,710.66
EXPENDITURE TOTALS		<b>\$</b> 132.00		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 27,057.84
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	<b>\$</b> 121,555.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	<b>\$</b> 1,267.65
17 AFFIDAVIT		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	s all information required to	
		The Ho	norable Elizabeth Camp	os
		Signatur	e of Candidate or Officehold	der
AFFIX NC	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	day			
	cer administering	ertify which, witness my hand and seal of office.  Printed name of officer administering	Title of officer	administering oath
3 1 11 0	, J			<b>3</b>

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

					3 of 41
_	ER NAN		<b>19</b> Filer ID 00084192	(Ethics (	Commission Filers)
		Elizabeth (The Honorable) E SUBTOTALS	00084192	T .	
		SCHEDULE		SU	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	36,660.66
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,050.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	27,057.84
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	Ν	S		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/41
2	FILER NAME Campos, Eliz	zabeth (The Honorable)			3	Filer ID (Ethics Commission Filers) 00084192
4	Date 09/11/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Amato, Charles E.</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$) \$1,000.00
0	Dringing oggu	San Antonio, TX 78216	۱۵	Employer (See Instructions		
8	Principal occu President	pation / Job title (See Instructions)	9	Employer (See Instructions SWBC	·)	
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Associated General Contractors of Tx - PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$1,000.00
	Deireciant	Austin, TX 78768	_	Faralana (Octobration)	$\overline{\Gamma}$	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Beer Alliance of Texas PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 09/07/2024	Full name of contributor out-of-state PAC (ID#:_Bracken, CA  Contributor address; City; State; Zip Code  San Antonio, TX 78240		)		Amount of Contribution (\$) \$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#:_Brown, Mary Rose  Contributor address; City; State; Zip Code  San Antonio, TX 78257		)		Amount of Contribution (\$) \$500.00
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions NuStar	5)	
			•			

	MONET	ARY POLITICAL	CONTRIBUTIO	N	S		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains hov	w to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/41	
2	FILER NAME Campos, Eliz	zabeth (The Honorable)				3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 09/09/2024	<ul><li>5 Full name of contributor Bryan, Christine</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$250.00
_		San Antonio, TX 78255	. 1-					
8	Executive	pation / Job title (See Instruction	S)		Employer (See Instructions Clarity	s) 		
	Date 09/16/2024	Full name of contributor Burney, Frank Contributor address; City; S			)		Amount of Contribution (\$)	\$250.00
	Principal occu	San Antonio, TX 78205 pation / Job title (See Instruction	s)		Employer (See Instructions	 ;)		
	Self Employe	ed			Attorney			
	Date 07/02/2024	Full name of contributor Campbell, Neil A. Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$150.00
		Yoakum, TX 77995						
	Principal occu Doctor	pation / Job title (See Instruction	s)		Employer (See Instructions Yoakum Community Hid	•	ital	
	Date 08/26/2024	Full name of contributor Cinco Developers Contributor address; City; S San Antonio, TX 78227	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		
	Date 07/15/2024	Full name of contributor  Deputy Sheriff's Association  Contributor address; City; S  San Antonio, TX 78218					Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	s)		
			1					

	MONET	ARY POLITICAL (	CONTRIBUTIO	N			SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/41	
2	FILER NAME Campos, Eliz	zabeth (The Honorable)				3	Filer ID (Ethics Commission 00084192	n Filers)
4	Date 09/25/2024	<ul><li>5 Full name of contributor Garcia, Joe A.</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701						
8	Principal occu Self	pation / Job title (See Instructions	5)	9	Employer (See Instructions Lobby	s)		
	Date 09/25/2024	Full name of contributor Garcia, Kathleen Contributor address; City; S	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$100.00
	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions	s)		Employer (See Instructions	<u>;)</u>		
	CPS	pation 7 dob title (dee motivations	,		Executive	,,		
	Date 08/28/2024	Full name of contributor GenenPAC Contributor address; City; S	x out-of-state PAC (ID#: 0	019	99257 )		Amount of Contribution (\$)	\$500.00
		San Francisco, CA 94080	)					
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	s)		
	Date 09/05/2024	Full name of contributor Guerrero, Debra A.  Contributor address; City; S  San Antonio, TX 78210	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$250.00
	Principal occu Executive	pation / Job title (See Instructions	5)		Employer (See Instructions NRP Group	s)		
	Date 09/07/2024	Full name of contributor Gurkowski, Mary Ann Contributor address; City; S San Antonio, TX 78240	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Anesthesiolo	pation / Job title (See Instructions	5)		Employer (See Instructions Self Employed	s)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHE	DULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule Sch: 4/9 Rpt: 7/41	A1:
2	FILER NAME Campos, Eli	zabeth (The Honorable)		3 Filer ID (Ethics Com 00084192	mission Filers)
4	Date 09/20/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution	\$2,000.00
		Austin, TX 78701			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID-Houston Police Retired Officers Assoc PAC Contributor address; City; State; Zip Code		Amount of Contribution	\$500.00
	Principal occu	Houston, TX 77219 pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 09/17/2024	Full name of contributor	#:)	Amount of Contribution	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 09/11/2024	Full name of contributor	#: 00225342	Amount of Contribution	n (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 08/26/2024	Full name of contributor X out-of-state PAC (ID Merck & Co., Inc  Contributor address; City; State; Zip Code  Washington, DC 20004	#: 00097485	Amount of Contribution	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
			_1		

	MONEI	Α	RY POLITICAL C	CONTRIBUTIO	<u> </u>	15		SCHEDUI	E A1
	The Instru	ctio	on Guide explains how	to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/41	
2	FILER NAME Campos, Eliz		eth (The Honorable)				3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 09/24/2024	ļ	Full name of contributor Meyer, Kari T.  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		)	7	Amount of Contribution (\$)	\$50.00
			Austin, TX 78747						
8	Principal occu CPS	ıpati	on / Job title (See Instructions	)	9	Employer (See Instructions Executive	5)		
	Date 09/07/2024		Full name of contributor Moore, Adam Contributor address; City; St	·		)		Amount of Contribution (\$)	\$100.00
	Principal occu	ıpati	New Braunfels, TX 78132 on / Job title (See Instructions			Employer (See Instructions	 ;)		
	Doctor					Self Employed			
	Date 09/07/2024		Full name of contributor Padakandla, Udaya B. Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		)		Amount of Contribution (\$)	\$100.00
			Carrollton, TX 75010						
	Principal occu Anesthesiolo		on / Job title (See Instructions	)		Employer (See Instructions BSW Health	5)		
	Date 08/13/2024		Full name of contributor Phillips 66 PAC Contributor address; City; St Washington, TX 20004	x out-of-state PAC (ID#: C	005	13549 )		Amount of Contribution (\$)	\$1,000.66
	Principal occu	<u>I</u> ıpati	ion / Job title (See Instructions	)		Employer (See Instructions	<u>                                      </u>		
	Date 09/09/2024		Full name of contributor Richards, Jeffrey S.  Contributor address; City; St  League City, TX 77573	out-of-state PAC (ID#:_ ate; Zip Code		)		Amount of Contribution (\$)	\$100.00
	Principal occu	ı ıpati	ion / Job title (See Instructions	)		Employer (See Instructions Self Employed	<u>L</u> s)		
						F -37			

	MONET	ARY POLITICAL CONTRIBU	TION	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/41	
2	FILER NAME Campos, Eliz	zabeth (The Honorable)			3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 08/14/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$1,500.00
		San Antonio, TX 78249					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 09/24/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
	Principal occu Doctor	San Antonio, TX 78217 pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u> ;)		
	Date 09/25/2024	Full name of contributor out-of-state PAC Smith, William and Carmen  Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78232 pation / Job title (See Instructions)		Employer (See Instructions Government Relations	<u> </u> 5)		
	Date 09/12/2024	Full name of contributor		)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/02/2024	Full name of contributor out-of-state PAC TRE-PAC Texas Realtors PAC Contributor address; City; State; Zip Code  Austin, TX 78763	(ID#:	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/41
2	FILER NAME Campos, Eliz	zabeth (The Honorable)		3	Filer ID (Ethics Commission Filers) 00084192
4	Date 09/10/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$500.00
_		Austin, TX 78701			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)	
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Association  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$750.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)	
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Texas Building Branch AGC  Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)	
	Date 08/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Democrat Women  Contributor address; City; State; Zip Code  Austin, TX 78703			Amount of Contribution (\$) \$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
		l			

	MONET	ARY POLITICAL CONT	RIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to com	plete this fo	orm.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/41	
2	FILER NAME Campos, Eliz	zabeth (The Honorable)			3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 09/17/2024	<ul> <li>Full name of contributor  out-of- Texas Lobby Partners LLP</li> <li>Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor</li> </ul>	state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	)		
_	Date 09/17/2024		state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	09/11/2024	Contributor address; City; State; Zip Ci	ode				φ300.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	)		
	•	,			,		
	Date 09/17/2024	Full name of contributor x out-of- The Boeing Contributor address; City; State; Zip Co	state PAC (ID#: <u>0</u> ode	0142711 )		Amount of Contribution (\$)	\$500.00
		Arlington, VA 22202					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 08/31/2024	Thomas, Sharon C.  Contributor address; City; State; Zip Co	state PAC (ID#: ode	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Universal City, TX 78148 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/16/2024	Full name of contributor out-of- Vexler, Jack & Bette  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$1,500.00
		San Antonio, TX 78209					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Monterey Medal	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	JLE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/9 Rpt: 12/41	
2	FILER NAME Campos, Eli	zabeth (The Honorable)		3	Filer ID (Ethics Commiss 00084192	sion Filers)
4	Date 09/16/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu	San Antonio, TX 78212  upation / Job title (See Instructions)	Employer (See Instructions     Monterey Medal	<u> </u> s)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Weidman, Joanna Fields  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$250.00
	Principal occu	San Antonio, TX 78248 upation / Job title (See Instructions)	Employer (See Instructions San Antonio Chamber	<u> </u> s)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distribution PAC Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 13/41				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Campos, El	izabeth (The Honorable)		00084192			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date	6 Full name of contributor  ut-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution			
09/11/2024	Glenn, Eric		contribution (\$) description \$350.00   Fundraiser Invite/Email			
	7 Contributor address; City; State; Zip Code		Blast			
			į į			
	Austin, TX 78741		<sub> </sub>			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  J-JUDICIAL) (See instructions)			
Public Relat		Self Employed	1-30DICIAL) (See Institutions)			
	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
22 Contributor 3	principal occupation (i on ooblowle)	20 Contributor 3 job title	(I ON GODION L) (Coo mondano.is)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
			(,)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	J				
	, , , , , , , , , , , , , , , , , , , ,					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of ! In-kind contribution			
09/13/2024	Kelley, Rusty		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$350.00   Fundraiser Invite/Email			
	, , , , , , , , , , , , , , , , , , ,		Diast			
			į			
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.			
Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)			
Governmen		Blackridge				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
			( ) ( – ) ( – )			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
If a patrilla star	is a shild law firms of source(a) (if any) (FOD HIDIOIAL)					
ii contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Dete	Full pages of contributes.		Amount of I to land 19 9			
Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description			
09/09/2024	Schlueter Group		\$350.00 Ladies Legislator			
	Contributor address; City; State; Zip Code		Fundraiser in SA Invite/Email Blast			
	Austin, TX 78768		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	· —			
Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

### SCHEDULE F1

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

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

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		Legal Services The Instruction Guide	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 1/28 Rpt: 14/41	Campos, El	izabeth (The Hond	orable)				00084192	
4	Date	5 Payee name							
	08/27/2024	7Eleven							
6	Amount (\$)	7 Payee addres		State; Zip C	ode				
	\$40.83	403 Fair Av	е						
		San Antonio			1				
8	PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description	nutei	de of Teyas Com	plete Schedule T.
	EXPENDITURE	Travel Out o	DI DISTRICT			=		officeholder living	
						Gas			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offi	ceholder name	Office so	ught			Office he	eld
	experiditure to benefit C/Or	1							
	Date	Payee name							
	07/07/2024	AT&T Paym	nent						
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode				
	\$319.26	1 Dali Blvd							
		St. Petersbu	urg, FL 33701						
	PURPOSE	(a) Category (Se	ee Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting/	Banking					de of Texas. Com officeholder living	plete Schedule T.
						Monthly Fee	, 17,	onicendider living	y expense
						,			
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	Н							
	Date	Payee name							
	08/06/2024	AT&T Paym	nent						
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode				
	\$343.86	1 Dali Blvd							
		St. Petersbı	urg, FL 33701						
	PURPOSE	(a) Category (Se	ee Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting/	Banking			ш			plete Schedule T.
						Monthly Fee	, IX,	officeholder living	g expense
						onany i oo			
_	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	l ught			Office he	eld
	expenditure to benefit C/O				5				

### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/Award/Memorials Expense

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

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

Credit Card Payment	The Instruction Guide explains how to co	Ŭ	,
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 2/28 Rpt: 15/41	Campos, Elizabeth (The Honorable)		00084192
4 Date	5 Payee name		<u> </u>
09/07/2024	AT&T Payment		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$402.07	1 Dali Blvd		
	St. Petersburg, FL 33701		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE			Check if Austin, TX, officeholder living expense
			Monthly Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office held
experientare to benefit 6/6			
Date	Payee name		
09/14/2024	AT&T Payment		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$172.38	1 Dali Blvd		
	St. Petersburg, FL 33701		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE			Check if Austin, TX, officeholder living expense
			Monthly Fee
0 1 0 0 1 0 0 1 0 0 1		<u> </u>	05.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ugnt	Office held
<u>'</u>			
Date	Payee name		
09/12/2024	Amazon		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$100.62	410 Terry Avenue North Seattle		
	North Seattle, WA 98109		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	·		Check if Austin, TX, officeholder living expense
		'	Campaign Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ	<b>T 5.</b>	
1	Total pages Schedule F1:	
L	Sch: 3/28 Rpt: 16/41	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	09/24/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$329.74	410 Terry Avenue North Seattle
		North Soattle, WA 09100
		North Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Supplies
		Campaign capplies
<u>_</u>	Complete ONLY !! -!!	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/06/2024	American Fireworks
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1315 Texas 71
		Bastrop, TX 78602
_	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fivent Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fireworks event
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	
	Date	Payee name
	07/21/2024	Apple
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.29	1 Apple Park Way
		Cupertino, CA 95014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/28 Rpt: 17/41	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	08/21/2024	Apple
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Monthly Fee
		Montally 1 cc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	09/21/2024	Apple
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
	Ψ3.33	1 Apple 1 aik way
		Cupartina CA 05014
L		Cupertino, CA 95014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Monthly Fee
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	08/30/2024	Bar Loretta
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$281.53	320 Beaurgard
		San Antoio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
1		Campaign Food/Beverage
L	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
$\vdash$	•	

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	e Printi Salar	-	se s/Contract Labor	Т	ravel in District ravel Out of Dis THER (enter a	strict category not listed above)
1	Total pages Schedule F1:							iler ID	(Ethics Commission Filers)
L	Sch: 5/28 Rpt: 18/41	Campos, E	lizabeth (The Honorab	ole)			0	0084192	
4	Date	5 Payee name							
	08/06/2024	Campos, A	nna						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code				
	\$350.00	2606 Hiawa	atha						
		San Antoni	o, TX 78210						
8	PURPOSE	(a) Category (S	iee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE		yment/Reimbursemen						plete Schedule T.
	_/					Compaign De		ficeholder living	gexpense
						Campaign Re	CIIID		
_	Complete ONLY if direct	Candidata/Off	icabaldar nama	Office	Sonapt			Office he	old.
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Onice	sought			Onice ne	tiu
	Date	Payee name							
	07/11/2024	Campos, E	lizabeth "Liz"						
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$1,500.00	2606 Hiawa	atha						
		San Antoni	o, TX 78210						
	PURPOSE	(a) Category (S	iee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE		yment/Reimbursemen			ш			plete Schedule T.
	LA LADITORE					Check if Austin			gexpense
						Reimbursem	ent 4	ui Oi July	
L	Complete ONLY if direct	Candidata/O#	iceholder name	Office	sought			Office he	ald
	expenditure to benefit C/O		icendiuei Haitie	Office	sougni			Onice ne	วiu
_	Dete								
	Date	Payee name							
	08/26/2024	Campos, J							
	Amount (\$)	Payee addre		State; Zip	Code				
	\$1,000.00	1028 Rigby	1						
		San Antoni	o, TX 78210						
	PURPOSE		ee Categories listed at the top of	this schodule)	(b)	Description			
	OF	Advertising		una acriedule)	(")		outside	of Texas. Com	plete Schedule T.
	EXPENDITURE		•			Check if Austin		ficeholder living	g expense
						Sign Distribut	tion		
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office	sought			Office he	eld
	experience to belieff 6/01	•							

#### 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

	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: 6/28 Rpt: 19/41	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	09/22/2024	Central Market
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$279.27	4821 Broadway
		San Antonio, TX 78209
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	07/29/2024	Chick-Fil-A
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$679.80	4110 S. New Braunfels
		San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
		Campaign room Bovorage
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/14/2024	Circle K
H	Amount (\$)	Payee address; City; State; Zip Code
	\$40.16	6910 S Flores St
		San Antonio, TX 78214
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Gas
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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:	· · · · · · · · · · · · · · · · · · ·
	Sch: 7/28 Rpt: 20/41	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	07/29/2024	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.79	6910 S Flores St
		San Antonio, TX 78214
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/03/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.91	6910 S Flores St
		San Antonio, TX 78214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/18/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.54	6910 S Flores St
		San Antonio, TX 78214
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>

### 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 comple	ete this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 8/28 Rpt: 21/41	Campos, Elizabeth (The Honorable)	00084192
4	Date 08/31/2024	5 Payee name Circle K	
6	Amount (\$) \$33.83	7 Payee address; City; State; Zip Code 6910 S Flores St	
		San Antonio, TX 78214	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/07/2024	Circle K	
	Amount (\$) \$31.43	Payee address; City; State; Zip Code 6910 S Flores St	
		San Antonio, TX 78214	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/08/2024	Payee name Circle K	
	Amount (\$) \$60.03	Payee address; City; State; Zip Code 6910 S Flores St	
		San Antonio, TX 78214	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Food/Beverage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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: 9/28 Rpt: 22/41	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	09/13/2024	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$101.62	6910 S Flores St
		San Antonio, TX 78214
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
		Gampaigin 1 ocui 20 voitage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Payee name
	09/17/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.10	6910 S Flores St
	Ф90.10	0910 3 Fiores 3t
		San Antonio, TX 78214
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
		Campaight 600/Beverage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/08/2024	Con Amor Cocina
	Amount (\$)	Payee address; City; State; Zip Code
	\$157.67	2314 Steve Ave
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
	0 1 0 0 0 0 0 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		-
_	Sch: 10/28 Rpt: 23/41	Campos, Elizabeth (The Honorable) 00084192	
4	Date	5 Payee name	_
	07/27/2024	Con Amor Cocina	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$208.06	2314 Steve Ave	
		San Antonio, TX 78210	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Campaign Food/Beverage	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/O		
_	Data		=
	Date	Payee name  Con Amor Cocina	
	08/31/2024		_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$44.84	2314 Steve Ave	
		San Antonio, TX 78210	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Campaign Food/Beverage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	1	
	Date	Payee name	=
	09/08/2024	Con Amor Cocina	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$64.81	2314 Steve Ave	
		San Antonio, TX 78210	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
	EXI ENDITORE	Compaign Food/Poverage	
		Campaign Food/Beverage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_			_
L			

### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/28 Rpt: 24/41	Campos, Elizabeth (The Honorable) 00084192
4 Date	5 Payee name
09/16/2024	Constant Contact
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$431.82	1601 Trapelo Rd
	Waltham, MA 24510
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Computers/Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to seriout eye	
Date	Payee name
08/15/2024	Embassy Suites
Amount (\$)	Payee address; City; State; Zip Code
\$55.18	7610 S. New Braunfels St.
	San Antonio, TX 78223
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Food/Beverage
	Campaight Courseverage
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name
07/13/2024	Express News
Amount (\$)	Payee address; City; State; Zip Code
\$15.96	420 Boradway
	San Antonio, TX 78205
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Campaign Supplies
Complete CMLV if dire	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> 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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
Ļ	Sch: 12/28 Rpt: 25/41	Campos, Elizabeth (The Honorable) 00084192	
4	Date 08/10/2024	5 Payee name Express News	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$15.96	420 Boradway	
		San Antonio, TX 78205	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EM ENDITORE	Check if Austin, TX, officeholder living expense  Campaign Supplies	
		Campaign Supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/07/2024	Express News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.96	420 Boradway	
		San Antonio, TX 78205	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense  Campaign Supplies	
		Sampaign Supplies	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	07/19/2024	Godaddy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$66.43	2155 E. GoDaddy Way	
		Tempe, AZ 85284	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Computers/Software	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

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

Event expense Loan Fees Office (
Food/Beverage Expense Polling 
Gitt/Awards/Memorials Expense Printing 
Legal Services Salarie

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/28 Rpt: 26/41	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	08/22/2024	Godaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.11	2155 E. GoDaddy Way
		Tempe, AZ 85284
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Computers/Software
		- Computer of Contract
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	09/22/2024	Godaddy
H	Amount (\$)	Payee address; City; State; Zip Code
	\$108.55	2155 E. GoDaddy Way
		Tempe, AZ 85284
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Computers/Software
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
F	Date	Payee name
	07/06/2024	Gonzales, Analesa
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	2606 Hiawatha
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fireworks event
		FILEWOLKS EVELIT
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/28 Rpt: 27/41	Campos, Elizabeth (The Honorable)	00084192
4	Date	5 Payee name	
	09/17/2024	Gonzales, Analesa	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	2606 Hiawatha	
		San Antonio, TX 78210	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense	outside of Texas. Complete Schedule T.
		Campaign F	in, TX, officeholder living expense
		Campaign	unuraising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Chiec held
_	Date	Payee name	
	08/17/2024	Gonzales, Arthur	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$301.91	2606 Hiawatha	
	Ψ501.51	2000 i nawatna	
		San Antonio, TX 78210	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel	l outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertical Experise   I	in, TX, officeholder living expense
		Social Media	à
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	07/18/2024	Gonzales	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	2606 Hiawatha	
		San Antonio, TX 78210	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense	l outside of Texas. Complete Schedule T.
	LAI LINDITORE	l <b></b>	in, TX, officeholder living expense
		Campaign F	undraising
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH		Office field
l			

#### SCHEDULE F1

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

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

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

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: 15/28 Rpt: 28/41	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	07/23/2024	Google G Suite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.98	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Computers/Software
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	08/23/2024	Google G Suite
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$15.14	1600 Amphitheatre Pkwy
	Ψ13.14	1000 Amphiliteatie i kwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Computers/Software
		Computers/Software
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	Date	Payee name
	09/23/2024	Google G Suite
H	Amount (\$)	Payee address; City; State; Zip Code
	\$15.14	1600 Amphitheatre Pkwy
	,	
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Computers/Software
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
<u> </u>		

### 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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 16/28 Rpt: 29/41	Campos, Elizabeth (The Honorable)	00084192
4	Date	5 Payee name	<u>'</u>
l	07/02/2024	Google Suite	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$37.75	1600 Amphitheatre Pkwy	
l			
		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL		Check if Austin, TX, officeholder living expense
			Computers/Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Office field
⊨	Data		
l	Date 08/02/2024	Payee name Google Suite	
L		-	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.35	1600 Amphitheatre Pkwy	
		M	
L		Mountain View, CA 94043	
	PURPOSE OF	2 (	Description
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Computers/Software
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
Г	Date	Payee name	
	09/02/2024	Google Suite	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$15.35	1600 Amphitheatre Pkwy	
l			
		Mountain View, CA 94043	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORE		Check if Austin, TX, officeholder living expense
			Computers/Software
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Onice field
$\vdash$			
l			

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/28 Rpt: 30/41	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	09/11/2024	Grand Hyatt
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$94.18	600 E. Market
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
Ū	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/08/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.43	4100 S New Braunfels Ave
	<b>Φ102.43</b>	4100 3 New Blauffels Ave
		San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
		Campaign Food/beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/08/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.51	4100 S New Braunfels Ave
		San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

	Credit Card Payment		The Instruction Guide explains how to	compl	plete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/28 Rpt: 31/41		Campos, Elizabeth (The Honorable)		00084192
4	Date	5	Payee name		
	08/13/2024		HEB		
6	Amount (\$)	7	Payee address; City; State; Zip 0	Code	)
	\$287.83		4100 S New Braunfels Ave		
			San Antonio, TX 78223		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					Campaign Food/Beverage
9	Complete ONLY if direct		Candidate/Officeholder name Office so	 ought	t Office held
	expenditure to benefit C/OF	Н		Ü	
_	Date		Payee name		
	08/30/2024		HEB		
	Amount (\$)	H	Payee address; City; State; Zip 0	Code	)
	\$115.52		4100 S New Braunfels Ave		
			San Antonio, TX 78223		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					Campaign Food/Beverage
	Complete ONLY if direct		Candidate/Officeholder name Office se	ought	t Office held
	expenditure to benefit C/O	Η			
	Date		Payee name		
	09/03/2024		HEB		
	Amount (\$)		Payee address; City; State; Zip 0	Code	
	\$124.15		4100 S New Braunfels Ave		
			San Antonio, TX 78223	_	
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					Campaign Food/Beverage
					. 0
	Complete ONLY if direct		Candidate/Officeholder name Office so	ought	t Office held
	expenditure to benefit C/OH	Н			

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/28 Rpt: 32/41	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	07/26/2024	J Prime Steakhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$441.49	1401 N Loop 1604
		San Antonio, TX 78249
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
		Campaight ood/Beverage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payee name
	07/31/2024	Josephine Street
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.79	400 E. Josephine
	Ψ111.73	400 E. Jusephine
		San Antonio, TX 78229
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	09/01/2024	Las Palapas
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.71	3039 SE Military Dr
		San Antonio, TX 78223
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
		Campaign Food/Deverage
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
$\vdash$		
1		
I		

#### 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

	Contributions/ Donations Made By 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.
	Total pages Schedule F1:	
	Sch: 20/28 Rpt: 33/41	Campos, Elizabeth (The Honorable) 00084192
	Date	5 Payee name
C	07/02/2024	MAJ Productions
6 A	Amount (\$)	7 Payee address; City; State; Zip Code
	\$275.00	1136 W. Gerald #B
		San Antonio, TX 78211
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Cross Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  Cross Category (See Categories listed at the top of this schedule)  Cross Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
е	expenditure to benefit C/O	1
Г	Date	Payee name
C	08/12/2024	Martinez, Lydia
Α	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	7629 Orlando Park
		San Antonio, TX 78213
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>v</b>
-	) ata	Power name
	Date 08/30/2024	Payee name Martinez I vdia
		Martinez, Lydia
Α	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	7629 Orlando Park
L		San Antonio, TX 78213
	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
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/28 Rpt: 34/41	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	09/04/2024	Mittman Taco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.12	1125 S. Mittman
		San Antonio, TX 78210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
		Campaight ood/Beverage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	08/14/2024	Olive Garden
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.44	3147 SE Military Drive
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
		Campaigh Food/Beverage
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date 07/21/2024	Payee name
		Pappasito's
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.29	105011 I-10 West
		San Antoniio, TX 78249
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
		Campaigh Food/Beverage
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
l		

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/28 Rpt: 35/41	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	07/06/2024	Pho Kim Long
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.00	4230 McCullough
		San Antonio, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
		Campaight 600/Beverage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payso nama
	09/09/2024	Payee name Pollo Asados
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.36	4642 Rigsby
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
		Campaight 600/Deverage
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payso nama
	07/23/2024	Payee name Primo Water
	Amount (\$) \$58.98	Payee address; City; State; Zip Code 1150 Assembly
	ФЭО.90	1150 Assembly
		T. 51.0005
L		Tampa, FL 33607
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

### SCHEDULE F1

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

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

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

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

	Credit Gard F dyment	The Instruction Guide explains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	ı	iler ID	(Ethics Commission Filers)
	Sch: 23/28 Rpt: 36/41	Campos, Elizabeth (The Honorable)			(	00084192	
4	Date	5 Payee name		•			
	08/04/2024	Primo Water					
6	Amount (\$)	7 Payee address; City; State; Zip Co	de				
	\$7.57	1150 Asembly					
		Tampa, FL 33607					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outs Check if Austin, T>			
				Campaign Food			ехрепое
				- and a second			
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght			Office he	eld
	expenditure to benefit C/O		J				
-	Date	Payee name					
	08/21/2024	Primo Water					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$31.97	1150 Asembly					
		Tampa, FL 33607					
	PURPOSE	-	(b)	Description			
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(3)	Check if travel outs	side	e of Texas. Comp	plete Schedule T.
	EXPENDITURE	1 courseverage Expense		Check if Austin, TX			expense
				Campaign Food	d/E	Beverage	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght			Office he	eld
	Date	Payee name					
	09/20/2024	Professional Campaign Services					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$8,500.00	5 Turin Ct					
		San Antonio, TX 78257					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Advertising Expense		Check if travel outs Check if Austin, T>			
				General Electio		iniceriolaer living	ехрепое
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght			Office he	eld
	expenditure to benefit C/O		-				

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 24/28 Rpt: 37/41	Campos, Elizabeth (The Honorable) 00084192							
4	Date	5 Payee name							
	09/08/2024	Ruth Chris							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$300.22	7720 Jones Maltsberger							
		San Antonio, TX 78229							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage							
		Campaign 1 oou beverage							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
	Date	Payee name							
	09/23/2024	Sign Busters							
H	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,000.00	330 W. Baetz							
		San Antonio, TX 78221							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Sign Distribution							
		oigh Blothisation							
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH								
F	Date	Payee name							
	07/02/2024	Spectrum VoIP							
H	Amount (\$)	Payee address; City; State; Zip Code							
	\$202.25	2900 Gateway Dr.							
		Ste. 620							
		Irving, TX 75063							
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Office Phone internet							
L									
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
L									

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	/ - al Cor	mmittee	Gift/Awards/Memorial Legal Services	•		ages/	Contract Labor		Travel Out of I OTHER (enter	District a category not listed above	e)
		_		The Instruction G	uide explains	now to cor	npie	te this form.	_			
1	Total pages Schedule F1:	2							3		(Ethics Commission	Filers)
	Sch: 25/28 Rpt: 38/41		•	izabeth (The H	onorable)					00084192		
4	Date	5	Payee name									
L	08/02/2024	L	Spectrum V	olP								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Coo	de					
	\$202.25		2900 Gatev	ay Dr.								
			Ste. 620									
			Irving, TX 7	5063								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			head/Rental Ex		,		Check if travel of			mplete Schedule T.	
	EXI ENDITORE							Check if Austin,			ng expense	
								Office Phone	ınt	ernet		
_	Operation ONE V. C. F.	<u> </u>	2			24:				C'''	1 - 1	
9	Complete ONLY if direct expenditure to benefit C/O		Jandidate/Offi	ceholder name	(	Office souç	gnt			Office I	neid	
_	•	_										
	Date		Payee name									
	09/03/2024		Spectrum V	OIP								
	Amount (\$)		Payee addre		State	; Zip Coo	de					
	\$202.25		2900 Gatev	ay Dr.								
			Ste. 620									
L			Irving, TX 7	5063								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental E>	pense			<b></b>		de of Texas. Co officeholder livi	mplete Schedule T.	
								Office Phone			ing exherise	
	Complete ONLY if direct		Candidate/Offi	ceholder name	(		ght			Office I	neld	
	expenditure to benefit C/O	H										
	Date		Payee name									
	07/10/2024		Switchboard	d								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Coo	de					
	\$439.75		P.O. Box 33	3485								
			Washington	, DC 20002								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense				브			mplete Schedule T.	
								Check if Austin, Voter Contac		officeholder livi	ng expense	
								volei cond				
	Complete ONLY if direct	Щ	Candidate/Offi	ceholder name	(	Office soug	thr			Office I	neld	
	expenditure to benefit C/O		Jananaatt/OIII	continue name		omoc sou(	giil			Onice	ioiu	

### 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: 26/28 Rpt: 39/41	Campos, Elizabeth (The Honorable) 00084192								
4	Date	5 Payee name								
	09/02/2024	The Broken Egg								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$51.36	2405 S. Hackberry								
		San Antonio, TX 78223								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.								
	EXI ENDITORE	Check if Austin, TX, officeholder living expense								
		Campaign Food/Beverage								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
9	expenditure to benefit C/O									
-	Date	Davida warea								
	07/13/2024	Payee name The Haven Southtown								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$70.91	1032 S Presa St.								
		O A								
		San Antonio, TX 78210								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if the relevant of Taylor Camplete Schedule T								
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Campaign Food/Beverage								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OH									
	Date	Payee name								
	07/23/2024	The Haven Southtown								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$84.54	1032 S Presa St.								
		San Antonio, TX 78210								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Food/Beverage Expense								
	EXPENDITORE	Check if Austin, TX, officeholder living expense								
		Campaign Food/Beverage								
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
L										
l										

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 27/28 Rpt: 40/41	Campos, Elizabeth (The Honorable) 00084192							
4	Date	5 Payee name							
L	08/30/2024	The Haven Southtown							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$36.71	1032 S Presa St.							
		San Antonio, TX 78210							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage							
		Campaight 600/Beverage							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
⊨	Data								
	Date	Payee name							
L	09/16/2024	The Haven Southtown							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$133.17	1032 S Presa St.							
		San Antonio, TX 78210							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage							
		Campaigh Food/Beverage							
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH								
⊨	D-t-								
	Date	Payee name							
	09/05/2024	USPS							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$187.00	3918 Clark							
		San Antonio, TX 78210							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense							
		Check if Austin, TX, officeholder living expense PO Box							
		PO BOX							
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
$\vdash$									

#### 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		mmittee	Gift/Awards/Memorials Legal Services <b>The Instruction G</b> i			ages	/Contract Labor		OTHER (enter a	istrict a category not listed above)	
┢	Total pages Cab - dula E1	_			•		-		_	Filor ID	(Ethios Commission Eller)	$\dashv$
ľ	Total pages Schedule F1:								3	Filer ID	(Ethics Commission Filers)	
	Sch: 28/28 Rpt: 41/41		Campos, Eli	zabeth (The Ho	norable)					00084192		
4	Date	5	Payee name									
l	09/15/2024		UT Relation									
ᆫ												
6	Amount (\$)	7	Payee address	s; City;	State;	Zip Co	de					
l	\$200.08		110 Inner Ca	ampus								
l												
l			Austin TV 7	0701								
L			Austin, TX 7	8701								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sche	edule)	(b)	Description				
l	OF EXPENDITURE		Travel Out o					Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
l	EXPENDITURE							Check if Austin	, TX,	officeholder livin	g expense	
l								Campaign				
l												
9	Complete ONLY if direct		Candidate/Offic	eholder name		office soug	tdr.			Office h	ماط	-
	expenditure to benefit C/O		Januluale/OIII	CHOIGE HAITE	U	ำแคน จบน(	JIIL			Onice II	Ciu	
L												
	Date		Payee name									
	07/04/2024		Walker, Son	ya								
⊢	Amount (\$)		Payee addres		State:	Zip Cod	da					-
l			•	•	State,	Zip Cot	uc					
l	\$250.00		346 Senova	Dr								
l												
			San Antonio	, TX 78216								
H	PURPOSE	(a)	Catagony				(h)	Description				-
l	OF	(")		e Categories listed at t		edule)	(~)	·	nutsir	de of Texas Con	nplete Schedule T.	
l	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Check if Austin, TX, office									
l			Carididate/C	inceriolaei/i oi	ticai comini	illee		LULAC Contr			3 - 1	
l								202/10 00/10	150	011		
$\vdash$												_
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offic	eholder name	0	office sou	ght			Office h	eld	
L		_										
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