SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction	Guide explains how to complete this fo	orm.	1 Filer ID (Ethics Co 00068	ommission Filers)		2 Total pages filed: 37	
3 COMMITTEE NAME	E					OFFICE USE ONLY	
Friends of Donna	Campbell						
						Date Received	
						ELECTRONICALLY FILED	
						10/28/2024	
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #	: CI	Y: S	TATE; ZIP	CODE		
ADDRESS	1308 Common Street Ste 205 Box		., .				
		119				Date Hand-delivered or Date Postmarked	
Change of Address							
	New Braunfels, TX 78130					Receipt # Amount	
						Date Processed	
						Date Imaged	
						Sato magoa	
5 CAMPAIGN	MS/MRS/MR FIRST					MI	
5 CAMPAIGN TREASURER						IMI	
NAME	Mr. John						
	NICKNAME LAST				•••••	SUFFIX	
	Steen						
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLE	ASE);		APT / SUITE #;	CITY	; STATE; ZIP C	ODE
STREET	1 E. Greenway Plz., Ste. 225						
ADDRESS							
(Residence or Business)	Houston, TX 77046						
7 CAMPAIGN	STREET OR PO BOX;			APT / SUITE #;	CITY	; STATE; ZIP C	ODE
TREASURER				/	0	,	022
MAILING	1 E. Greenway Plz., Ste. 225						
ADDRESS							
Change of Address	Houston, TX 77046						
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBE	ER	EXTENSION	J			
PHONE	(713) 526-3399						
9 REPORT	January 15	1 30t	h day before e	lection		Exceeded modified reporting limit	
TYPE							
	I	X 8th	day before el	ection		Dissolution (Attach PAC-DR)	
	July 15	_ 	noff			10th day after campaign treasurer	
	L		1011			termination	
10 PERIOD	Month Day Year			Mor	nth Da	ay Year	
COVERED	09/27/2024	Т	HROUGH		10/26/		
	00/21/2024				10/20/		
11 ELECTION	ELECTION DATE			ELECTION TY	DE		
	Month Day Year		non			Other	
			nary	Runoff			
	11/05/2024	X Ge	neral	Special			
	I						
		GO [·]	TO PAGE	2			
Formo provide el les T	voo Ethiop Commission		bioc at-t-			Variar 114 4 0 40	
Forms provided by Te	exas Ethics Commission w	/ww.e	thics.state.	x.us		Version V4.1.0.48	ua5117

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Friends of Donna Camp	bell		00068678			
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME				
(Attach lists on plain paper to complete this	Candidate					
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)			
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE		
OPPOSE (Candidate or Measure)			Month	Day Year		
	Measure	DESCRIPTION				
(Officeholder)						
15 CONTRIBUTION TOTALS		TRIBUTIONS OF \$50 OR LESS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED	N PLEDGES,	\$ \$0.00		
	2. TOTAL POLITICAL CO	DNTRIBUTIONS S, LOANS, OR GUARANTEES OF LOANS)		\$ \$147,890.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO		\$ \$0.00			
	4. TOTAL POLITICAL E	(PENDITURES		\$ \$108,883.70		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$ \$1,305,394.85		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	UNT OF ALL OUTSTANDING LOANS AS OF G PERIOD	THE LAST	\$ \$0.00		
16 AFFIDAVIT				•		
		I swear, or affirm, under penalty of per and correct and includes all informatio Title 15, Election Code.				
		Mr. Jo	hn Steen			
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasure	er		
		, t	his the	day		
ot	of, 20, to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

S	UBT	OTALS - SPAC	C	FORM SPAC OVER SHEET PG 3 3 of 37
		EE NAME Donna Campbell	18 Filer ID 00068678	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 147,890.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	RGANIZATION	\$
7.		SCHEDULE E: LOANS		\$
8.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	;	\$ 27,668.03
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$
11.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 81,215.67
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	DF C/OH	\$
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIC	INS	\$
14.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED	\$ 4,067.23

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Friends of Donna Campbell 00068678				
Friends of Donna Campbell 00088678 I Date 5 Full name of contributor nut-or-state PAC (D2:	The Instruc	ction Guide explains how to complete this f	iorm.	
Friends of Donna Campbell 00088678 I Date 5 Full name of contributor nut-or-state PAC (D2:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
09/27/2024 Amato, Charles \$2,500.00 6 Contributor address; City; State; Zip Code \$2,500.00 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Chairman Full name of contributor out-ot-state PAC (DB:		onna Campbell		
6 Contributor address; City; State; Zip Code 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) SMBC SWBC Date Full name of contributor out-of-state PAC (IDE:	4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
6 Contributor address; City; State: Zip Code San Antonio, TX 78216 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (De:	09/27/2024			\$2,500.00
3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (DP:) Amount of Contribution (\$) 10/22/2024 Baca, Paul Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Imployer (See Instructions) State Farm Date Full name of contributor out-of-state PAC (DP:) Amount of Contribution (\$) Insurance Agent State Farm Amount of Contribution (\$) S500.00 Ogi27/2024 Full name of contributor out-of-state PAC (DP:) Amount of Contribution (\$) 09/27/2024 Full name of contributor out-of-state PAC (DP:) Amount of Contribution (\$) 0ate San Antonio, TX 78216 Employer (See Instructions) S10,000.00 Contributor address: City; State; Zip Code Amount of Contribution (\$) \$10,000.00 Oate Full name of contributor out-of-state PAC (DP:) Amount of Contribution (\$) 10/22/2024 Full name of contributor out-of-state PAC (DP:) Amount of Contribution (\$) Principal occupation / Job tititle (See Instructions) Emplo				
3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (DP:) Amount of Contribution (\$) 10/22/2024 Baca, Paul Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Imployer (See Instructions) State Farm Date Full name of contributor out-of-state PAC (DP:) Amount of Contribution (\$) Insurance Agent State Farm Amount of Contribution (\$) S500.00 Ogi27/2024 Full name of contributor out-of-state PAC (DP:) Amount of Contribution (\$) 09/27/2024 Full name of contributor out-of-state PAC (DP:) Amount of Contribution (\$) 0ate San Antonio, TX 78216 Employer (See Instructions) S10,000.00 Contributor address: City; State; Zip Code Amount of Contribution (\$) \$10,000.00 Oate Full name of contributor out-of-state PAC (DP:) Amount of Contribution (\$) 10/22/2024 Full name of contributor out-of-state PAC (DP:) Amount of Contribution (\$) Principal occupation / Job tititle (See Instructions) Emplo				
Chairman SWBC Date 10/22/2024 Full name of contributor out-of-state PAC (ID#) Baca, Paul Contributor address; City, State; Zip Code Amount of Contribution (\$) \$1,000.00 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) State Farm Amount of Contribution (\$) \$500.00 Date 09/27/2024 Full name of contributor out-of-state PAC (ID#) Bexar County Republican Women PAC Contribution address; City, State; Zip Code Amount of Contribution (\$) \$500.00 Date 09/27/2024 Full name of contributor out-of-state PAC (ID#) Bexar County Republican Women PAC Contributor address; City, State; Zip Code Amount of Contribution (\$) \$500.00 Date 10/22/2024 Full name of contributor out-of-state PAC (ID#) Bloxsom, Allan Amount of Contribution (\$) \$10,000.00 Date 10/22/2024 Full name of contributor out-of-state PAC (ID#) Bloxsom, Allan Amount of Contribution (\$) \$10,000.00 Principal occupation / Job title (See Instructions) President Employer (See Instructions) Fort Apache Energy Amount of Contribution (\$) \$2,000.00 Date 10/18/2024 Full name of contributor out-of-state PAC (ID#		San Antonio, TX 78216		
Date Full name of contributor out-of-state PAC (IDE:		pation / Job title (See Instructions)		;) ;)
10/22/2024 Baca, Paul \$1,000.00 Contributor address; City, State; Zip Code Beeville, TX 78102 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) State Farm Date Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 09/27/2024 Bexar County Republican Women PAC Amount of Contribution (\$) \$500.00 Contributor address; City; State; Zip Code San Antonio, TX 78216 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10,000.00 Date Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 10/22/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 10/22/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10,000.00 Principal occupation / Job title (See Instructions) Fort Apache Energy \$2,000.00 Principal occupation / Job title (See Instructions) Fort Apache Energy Amount of Contributor (\$)	Chairman		SWBC	
Contributor address; City; State; Zip Code Beeville, TX 78102 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) State Farm Date Full name of contributor out-of-state PAC (ID#:) Ool/27/2024 Amount of Contribution (\$) San Antonio, TX 78216 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code Amount of Contribution (\$) \$10/22/2024 Boerne, TX 78015 Employer (See Instructions) President Principal occupation / Job title (See Instructions) Employer (See Instructions) Fort Apache Energy Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor differs; City; State; Zip Code Amount of Contribution (\$) \$2,000.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$2,000.00 Contributor address; City; State; Zip Code \$2,000.00 Contributor address; City; State; Zi	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code Beeville, TX 78102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent State Farm Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/27/2024 Bexar County Republican Women PAC \$500.00 Contributor address; City; State; Zip Code San Antonio, TX 78216 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$10,000.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$10,000.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$10,000.00 Contributor address; City; State; Zip Code	10/22/2024			\$1,000.00
Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) State Farm Date 09/27/2024 Full name of contributor out-of-state PAC (ID#:				
Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) State Farm Date 09/27/2024 Full name of contributor out-of-state PAC (ID#:				
Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) State Farm Date 09/27/2024 Full name of contributor out-of-state PAC (ID#:				
Insurance Agent State Farm Date Full name of contributor				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/27/2024 Bexar County Republican Women PAC \$500.00 Contributor address; City; State; Zip Code \$500.00 San Antonio, TX 78216 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/22/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Bloxsom, Allan \$10,000.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$10,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10,000.00 Contributor address; City; State; Zip Code Boerne, TX 78015 Amount of Contribution (\$) President Full name of contributor out-of-state PAC (ID#: <u>C00035006</u>) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: <u>C00035006</u>) Amount of Contribution (\$) 10/18/2024 Full name of contributor out-of-state PAC (ID#: <u>C00035006</u>) Amount of Contribution (\$) 10/18/2024 Full name of contributor out-of-state PAC (ID#: <u>C00035006</u>) Amount of Contribution (\$) San Ramon,				;)
09/27/2024 Bexar County Republican Women PAC \$500.00 Contributor address; City; State; Zip Code San Antonio, TX 78216 Full name of contributor Image: Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code Amount of Contribution (\$) Date Full name of contributor Image: Contributor address; City; State; Zip Code Amount of Contribution (\$) \$10,000.00 Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code Amount of Contribution (\$) \$10,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10,000.00 President Full name of contributor Image: Contributor address; City; State; Zip Code Amount of Contribution (\$) 10/18/2024 Full name of contributor Image: Contributor address; City; State; Zip Code Amount of Contribution (\$) 10/18/2024 Full name of contributor Image: Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code Image: Contributor address; City; State;	Insurance Ag	jent	State Farm	
Contributor address; City; State; Zip Code San Antonio, TX 78216 Principal occupation / Job title (See Instructions) Date Full name of contributor 10/22/2024 Bloxsom, Allan Contributor address; City; State; Zip Code Boerne, TX 78015 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) President Date Full name of contributor Introduction (See Instructions) President Date Full name of contributor Introduction (See Instructions) President Date Full name of contributor Introduction address; City; State; Zip Code Contributor address; City; State; Zip Code San Ramon, CA 94583	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
San Antonio, TX 78216 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/22/2024 Bloxsom, Allan \$10,000.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Boerne, TX 78015 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) President Fort Apache Energy Date Full name of contributor (x) out-of-state PAC (ID#:C00035006) 10/18/2024 Chevron Employees PAC Contributor address; City; State; Zip Code Amount of Contribution (\$) San Ramon, CA 94583 Lute Lite Lite Lite Lite Lite Lite Lite Li	09/27/2024	Bexar County Republican Women PAC		\$500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/22/2024 Bloxsom, Allan \$10,000.00 Contributor address; City; State; Zip Code \$10,000.00 Boerne, TX 78015 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) President Full name of contributor is out-of-state PAC (ID#:C00035006) Date Full name of contributor is out-of-state PAC (ID#:C00035006) Other is provide address; City; State; Zip Code Amount of Contribution (\$) Date Full name of contributor is out-of-state PAC (ID#:C00035006) 10/18/2024 Full name of contributor is out-of-state PAC (ID#:C00035006) Contributor address; City; State; Zip Code \$2,000.00 San Ramon, CA 94583 San Ramon, CA 94583		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/22/2024 Bloxsom, Allan \$10,000.00 Contributor address; City; State; Zip Code \$10,000.00 Boerne, TX 78015 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) President Full name of contributor is out-of-state PAC (ID#:C00035006) Date Full name of contributor is out-of-state PAC (ID#:C00035006) Other is provide address; City; State; Zip Code Amount of Contribution (\$) Date Full name of contributor is out-of-state PAC (ID#:C00035006) 10/18/2024 Full name of contributor is out-of-state PAC (ID#:C00035006) Contributor address; City; State; Zip Code \$2,000.00 San Ramon, CA 94583 San Ramon, CA 94583				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/22/2024 Bloxsom, Allan \$10,000.00 Contributor address; City; State; Zip Code \$10,000.00 Boerne, TX 78015 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) President Full name of contributor is out-of-state PAC (ID#:C00035006) Date Full name of contributor is out-of-state PAC (ID#:C00035006) Other is provide address; City; State; Zip Code Amount of Contribution (\$) Date Full name of contributor is out-of-state PAC (ID#:C00035006) 10/18/2024 Full name of contributor is out-of-state PAC (ID#:C00035006) Contributor address; City; State; Zip Code \$2,000.00 San Ramon, CA 94583 San Ramon, CA 94583				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/22/2024 Bloxsom, Allan \$10,000.00 Contributor address; City; State; Zip Code Stopport Boerne, TX 78015 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) President Full name of contributor Date Full name of contributor 10/18/2024 Full name of contributor Contributor address; City; State; Zip Code Amount of Contribution (\$) San Ramon, CA 94583 San Ramon, CA 94583			1 <u> </u>	
10/22/2024 Bloxsom, Allan \$10,000.00 Contributor address; City; State; Zip Code \$10,000.00 Boerne, TX 78015 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) President Fort Apache Energy Date Full name of contributor 🗶 out-of-state PAC (ID#: C00035006) 10/18/2024 Chevron Employees PAC Contributor address; City; State; Zip Code \$2,000.00 San Ramon, CA 94583 Luce	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<i>i</i>)
10/22/2024 Bloxsom, Allan \$10,000.00 Contributor address; City; State; Zip Code \$10,000.00 Boerne, TX 78015 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) President Fort Apache Energy Date Full name of contributor 🗶 out-of-state PAC (ID#: C00035006) 10/18/2024 Chevron Employees PAC Contributor address; City; State; Zip Code \$2,000.00 San Ramon, CA 94583 Luce	Date	Eull name of contributor	<u> </u>	Amount of Contribution (\$)
Contributor address; City; State; Zip Code Boerne, TX 78015 Principal occupation / Job title (See Instructions) President Employer (See Instructions) President Full name of contributor intervention (See Instructions) 10/18/2024 Chevron Employees PAC Contributor address; City; State; Zip Code San Ramon, CA 94583			/	
Boerne, TX 78015 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) President Fort Apache Energy Date Full name of contributor x out-of-state PAC (ID#: C00035006) 10/18/2024 Chevron Employees PAC Contributor address; City; State; Zip Code Amount of Contribution (\$) San Ramon, CA 94583 Image: Contribution state PAC (See PAC)				
Principal occupation / Job title (See Instructions) Employer (See Instructions) President Fort Apache Energy Date Full name of contributor x out-of-state PAC (ID#: C00035006) 10/18/2024 Chevron Employees PAC Contributor address; City; State; Zip Code \$2,000.00 San Ramon, CA 94583 Full name of contributor				
Principal occupation / Job title (See Instructions) Employer (See Instructions) President Fort Apache Energy Date Full name of contributor x out-of-state PAC (ID#: C00035006) 10/18/2024 Chevron Employees PAC Contributor address; City; State; Zip Code \$2,000.00 San Ramon, CA 94583 Full name of contributor				
President Fort Apache Energy Date Full name of contributor x out-of-state PAC (ID#: C00035006) Amount of Contribution (\$) 10/18/2024 Chevron Employees PAC \$2,000.00 Contributor address; City; State; Zip Code San Ramon, CA 94583 Image: Contribute of Contribution (\$)		Boerne, TX 78015		
Date Full name of contributor Image: Contributor image: Contributor image: Contributor image: Contributor image: Contributor address; City; State; Zip Code Amount of Contribution (\$) 10/18/2024 Chevron Employees PAC \$2,000.00 Contributor address; City; State; Zip Code San Ramon, CA 94583	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
10/18/2024 Chevron Employees PAC \$2,000.00 Contributor address; City; State; Zip Code San Ramon, CA 94583	President		Fort Apache Energy	
10/18/2024 Chevron Employees PAC \$2,000.00 Contributor address; City; State; Zip Code San Ramon, CA 94583	Date	Full name of contributor X out-of-state PAC (ID#:_	C00035006)	Amount of Contribution (\$)
San Ramon, CA 94583	10/18/2024	Chevron Employees PAC		\$2,000.00
		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		San Ramon, CA 94583		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) ;)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/12 Rpt: 5/37 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Donna Campbell 00068678 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/22/2024 Cohoon, James \$200.00 6 Contributor address; City; State; Zip Code Boerne, TX 78006 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/22/2024 \$100.00 Dreher, Jacqueline Contributor address; City; State; Zip Code Savano Park, TX 78231 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/22/2024 Dunham, T.W. \$2,500.00 Contributor address; City; State; Zip Code Boerne, TX 78006 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Urban Concrete Contractors** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/22/2024 Dunham, Windy \$2,500.00 Contributor address; City; State; Zip Code Floresville, TX 78114 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Urban Concrete Contractors** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/27/2024 \$1,000.00 Employees of RTX Corporation PAC Contributor address; City; State; Zip Code Arlington, VA 22209 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 3/12 Rpt: 6/37		
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Friends of D	onna Campbell			00068678	
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7	Amount of Contribution (\$)	
	10/09/2024	Fite, Diana				\$750.00
		6 Contributor address; City; State; Zip Code				
		Magnolia, TX 77355		Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions Self	S)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
	10/22/2024	Frank, Lori				\$2,000.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78232				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Owner		Silver Eagles Wood Des		ı	
╞	Date	Full name of contributor Out-of-state PAC (ID#)	T	Amount of Contribution (\$)	
	10/07/2024	Friends of Baylor Med	/			\$1,000.00
		Contributor address; City; State; Zip Code				+_,
		Houston, TX 77010				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
	09/27/2024	Gregory, Bob				\$5,000.00
		Contributor address; City; State; Zip Code				
┝	Dringing age	Austin, TX 78746 pation / Job title (See Instructions)	Employer (Can Instructions			
	Owner	pation 7 Job title (See Instructions)	Employer (See Instructions Texas Disposal System			
╞				13 T		
	Date 10/01/2024	Full name of contributor Out-of-state PAC (ID# Ha:zelett, Michelle)		Amount of Contribution (\$)	\$500.00
	10/01/2024					\$500.00
		Contributor address; City; State; Zip Code				
		Lockhart, TX 78644				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	LME		Self			
			1			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/12 Rpt: 7/37 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Donna Campbell 00068678 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/22/2024 Hunt, Robert \$500.00 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/22/2024 \$1,000.00 Joeris, Gary Contributor address; City; State; Zip Code San Antonio, TX 78279 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Joeris General Contractors Full name of contributor X out-of-state PAC (ID#: C00010983 Amount of Contribution (\$) Date 10/18/2024 Johnson and Johnson PAC \$2,000.00 Contributor address; City; State; Zip Code Washington, DC 20005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 Kickapoo Traditional Tribe of Texas \$10,000.00 Contributor address; City; State; Zip Code Eagle Pass, TX 78852 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/17/2024 \$100.00 Kinlin, Joseph Contributor address; City; State; Zip Code New Braunfels, TX 78130 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete	e this f	orm.	1	Total pages Schedule A1: Sch: 5/12 Rpt: 8/37	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Friends of D	onna Campbell				00068678	
4	Date	5 Full name of contributor X out-of-state F	PAC (ID#:	C00236489)	7	Amount of Contribution (\$)	
	10/09/2024	Koch PAC					\$3,000.00
		6 Contributor address; City; State; Zip Code					
		Wichita, KS 67220					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	10/09/2024	Kuecker, L. Diane					\$1,000.00
		Contributor address; City; State; Zip Code			1		
	<u> </u>	Friendswood, TX 77546			Ĺ		
	Verterinariar	pation / Job title (See Instructions)		Employer (See Instructions TLC Animal Hospital	5)		
	Date	Full name of contributor out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	*****
	10/14/2024	Leander Republican Women					\$250.00
		Contributor address; City; State; Zip Code					
		Leander, TX 78641					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
					,		
	Date	Full name of contributor Out-of-state F	PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/06/2024	McLane, Katherine					\$250.00
		Contributor address; City; State; Zip Code					
		New Braunfels, TX 78132		-			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Owner			Mach 1 Group			
	Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	10/16/2024	Mignano, Peter					\$50.00
		Contributor address; City; State; Zip Code			1		
	Deine in 1	Boerne, TX 78006		Frankriger (C. J. J. J.			
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
ļ	Retired			Retired			

MONETARY POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/12 Rpt: 9/37	
2 FILER NAME Friends of De	onna Campbell		3 Filer ID (Ethics Commission 00068678	on Filers)
4 Date 10/22/2024	5 Full name of contributor Dout-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$2,500.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78231			
8 Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions) Self)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/22/2024	Ojeda, Richard			\$1,000.00
	Contributor address; City; State; Zip Code			
	Port Aransas, TX 78373		-	
Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions) Black Tie Affairs)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/18/2024	Raley, Audrey			\$500.00
Drinsinglaggy	New Braunfels, TX 78132			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/22/2024	Sampson Public Affairs LLC			\$500.00
	Contributor address; City; State; Zip Code			
Drinsipal ecou	Austin, TX 78701		\	
Principai occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/22/2024	Sampson Public Affairs LLC			\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
		<u> </u>		

MONET	ARY POLITICAL CONTRIBUTIO)NS	SCHEDULE A1
The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/12 Rpt: 10/37
2 FILER NAME Friends of Do	onna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
10/14/2024			7 Amount of Contribution (\$)\$2,500.00
	San Antonio, TX 78249		
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/22/2024	Schultz, Michael Contributor address; City; State; Zip Code		\$2,000.00
	San Antonio, TX 78248		
Principal occup Realtor	pation / Job title (See Instructions)	Employer (See Instructions Self	
Date 10/22/2024	Full name of contributor out-of-state PAC (ID#: Swindall, Clint Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,000.00
	Bulverde, TX 78163		
Principal occup CEO	pation / Job title (See Instructions)	Employer (See Instructions Verbalocity	
Date 10/18/2024	Full name of contributor out-of-state PAC (ID#: TSAPAC)	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code		
Principal occur	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/14/2024	Texas Academy of Audiology PAC Contributor address; City; State; Zip Code		\$1,000.00
	College Station, TX 77845		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	L)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/12 Rpt: 11/37 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Donna Campbell 00068678 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/14/2024 **Texas Apartment Association PAC** \$3,500.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/22/2024 Texas Cornerstone Credit Union League PAC \$2,500.00 Contributor address; City; State; Zip Code Dallas, TX 75265 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/18/2024 \$1,000.00 Texas Farm Bureau AgFund Contributor address; City; State; Zip Code Waco, TX 76702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 **Texas Optometric PAC** \$2,000.00 Contributor address; City; State; Zip Code Austin, TX 78705 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/18/2024 \$10,640.00 **Texas Senate Republican Caucus** Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/12 Rpt: 12/37 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Donna Campbell 00068678 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/22/2024 **Texas Telephone Association PAC** \$2,500.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) x out-of-state PAC (ID#: C00142711 Date Full name of contributor Amount of Contribution (\$) 10/07/2024 \$1,000.00 The Boeing Company PAC Contributor address; City; State; Zip Code Arlington, VA 22202 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/22/2024 Urbanczyk, Bradley \$10,000.00 Contributor address; City; State; Zip Code Falls City, TX 78113 Principal occupation / Job title (See Instructions) Employer (See Instructions) Developer Honey Creek Ranch Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/22/2024 \$25,000.00 Urbanczyk, Ronald Contributor address; City; State; Zip Code Boerne, TX 78006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Developer Honey Creek Ranch X out-of-state PAC (ID#: C00493502 Date Full name of contributor Amount of Contribution (\$) \$5,000.00 10/14/2024 VSP Holding Company Inc PAC Contributor address; City; State; Zip Code Rancho Cordova, CA 95670 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to comp	plete this fo	orm.	1	Total pages Schedule A1: Sch: 10/12 Rpt: 13/37	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		onna Campbell			-	00068678	,
4	Date	5 Full name of contributor out-of-s	tate PAC (ID#:)	7	Amount of Contribution (\$)	
	10/22/2024	Von Dohlen, Tim					\$1,000.00
		6 Contributor address; City; State; Zip Co	de				
		Austin, TX 78733					
8		pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Attorney			Self			
	Date	Full name of contributor out-of-s	tate PAC (ID#:)		Amount of Contribution (\$)	
	09/27/2024	Wexler, Adam					\$2,500.00
		Contributor address; City; State; Zip Co					
		Miami, FL 33130					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Chairman of	the Board		PrizePicks			
	Date	Full name of contributor	tate PAC (ID#:)		Amount of Contribution (\$)	
	10/09/2024	Whitacre Jr., Edward					\$1,000.00
		Contributor address; City; State; Zip Co	de				
		San Antonio, TX 78212					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired			Retired			
	Date	Full name of contributor	tate PAC (ID#:)		Amount of Contribution (\$)	
	10/22/2024	Whitney, Frances					\$500.00
		Contributor address; City; State; Zip Co	de				
		New Braunfels, TX 78132					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor 🛛 out-of-s	tate PAC (ID#:)		Amount of Contribution (\$)	
	10/22/2024	Wuest, Brad					\$1,000.00
		Contributor address; City; State; Zip Co	de				
		San Antonio, TX 78266					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Owner			Natural Bridge Caverns			
1							

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

					_		
	The Instru	ction Guide explains how to c	complete this fc	orm.	1	Total pages Schedule A1: Sch: 11/12 Rpt: 14/37	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		onna Campbell				00068678	Jin 1 110.0,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/27/2024	Wuest, Joye E					\$1,000.00
	I	6 Contributor address; City; State; Zi	Zip Code				
		San Antonio, TX 78266					
8		pation / Job title (See Instructions)	*	9 Employer (See Instructions			
	CFO			Natural Bridge Caverns,	In	c	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/22/2024	Wuest, Travis					\$1,000.00
	I	Contributor address; City; State; Zi					
		San Antonio, TX 78266	r				
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Owner			Natural Bridge Caverns			
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/22/2024	Wunderlich, Nila					\$3,000.00
	I	Contributor address; City; State; Z	Zip Code				
		San Antonio, TX 78231			Ļ		
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Co Owner			Wunderlich Builders	_		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/23/2024	Yacktman, Ellyn					\$5,000.00
		Contributor address; City; State; Z	∠ip Code				
		Austin, TX 78731					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Retired			Retired	,		
	Date	Full name of contributor	out-of-state PAC (ID#:)	_	Amount of Contribution (\$)	
	10/11/2024	Yacktman, Ellyn					\$5,000.00
		Contributor address; City; State; Zi	Zin Code				• •
		Austin, TX 78731					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Retired			Retired			

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 12/12 Rpt: 15/37
2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 10/07/2024 Yuknavich, Anthony 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$)
New Braunfels, TX 78132	
8Principal occupation / Job title (See Instructions)9Employer (See Instruction)	ns)

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Ti Food/Beverage Expense Polling Expense Ti By - Gift/Awards/Memorials Expense Printing Expense Ti				Transportation E Travel in District Travel Out of Di	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME				3 Filer ID	(Ethics Commission Filers)						
	Sch: 1/9 Rpt: 16/37	Friends of Donna (Campbell			00068678							
4	Date 10/04/2024	Payee name American Express											
6	Amount (\$)	Payee address;	City; State	; Zip Cod	9								
	\$3,531.10	PO Box 650448 Dallas, TX 75265											
8	PURPOSE OF EXPENDITURE	Category _{(See Categor} Credit Card Payme	ies listed at the top of this sch ent	nedule) (I	Check if Austin	outside of Texas. Com n, TX, officeholder living redit Card Payr	g expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	r name C	Office soug	nt	Office h	eld						
	Date	Payee name											
	09/27/2024	Anedot											
	Amount (\$) \$78.60	Payee address; 0 1340 Poydras St S		; Zip Cod	9								
	PURPOSE	New Orleans, LA 7 Category (See Categor	0112 ies listed at the top of this sch	adula) () Description								
	OF EXPENDITURE	Fees	וואפט מג נוופ נטף טו נוווא אטון	ieuule)	Check if travel	outside of Texas. Com n, TX, officeholder living erchant Accour	g expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	r name C	Office sougl	nt	Office h	eld						
	Date	Payee name											
	10/01/2024	Anedot											
	Amount (\$) \$137.10	Payee address; 0 1340 Poydras St S		; Zip Cod	9								
		New Orleans, LA 7	0112										
	PURPOSE OF EXPENDITURE	Category _{(See Categor} Fees	ies listed at the top of this sch	nedule) (I	Check if Austin	outside of Texas. Com n, TX, officeholder living erchant Accour	g expense						
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholde	r name (Office soug	nt	Office h	eld						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	Filer ID (Ethics Commission Filers)						
	Sch: 2/9 Rpt: 17/37	Friends of Donna Campbell	00068678						
4	Date 10/03/2024	Payee name Anedot							
6	Amount (\$) \$19.80	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112							
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense erchant Account Fees						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/09/2024	Anedot							
	Amount (\$) \$10.05	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112							
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense erchant Account Fees						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/11/2024	Anedot							
	Amount (\$) \$29.55	Payee address;City;State;Zip Code1340 Poydras St Ste 1770							
		New Orleans, LA 70112							
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense erchant Account Fees						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	Filer ID (Ethics Commission Filers)					
1	Sch: 3/9 Rpt: 18/37	Friends of Donna Campbell	00068678					
4	Date 10/17/2024	5 Payee name Anedot						
6	Amount (\$) \$195.30	 Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112 						
8	PURPOSE OF EXPENDITURE	Check if Austin, T	tside of Texas. Complete Schedule T. X, officeholder living expense rchant Account Fees					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/21/2024	Anedot						
	Amount (\$) \$6.45	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112						
	PURPOSE OF EXPENDITURE	Check if Austin, T	tside of Texas. Complete Schedule T. X, officeholder living expense Chant Account Fees					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/01/2024	Blakemore & Associates						
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225						
		Houston, TX 77046						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Isulting Fees					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp tee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2 FI	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/9 Rpt: 19/37	Fr	iends of Donna Campbell					00068678	
4	Date	5 Pá	yee name						
	10/22/2024	C	ase Hall & Company						
6	Amount (\$)	7 Pá	yee address; City;	State;	; Zip Co	le			
	\$11,092.72	1	E Greenway Plaza Ste 225						
		H	ouston, TX 77046						
8	PURPOSE	(a) Ca	tegory (See Categories listed at the t	op of this sch	edule)	(b) Description			
	OF EXPENDITURE		lvertising Expense					ide of Texas. Compl	
								, officeholder living e	expense
						Campaign T	exi	messaging	
9	Complete <u>ONLY</u> if direct		didate/Officeholder name	C	Office sou	ıht		Office held	d
	expenditure to benefit C/OI	1							
	Date	Pa	yee name						
10/21/2024 Chase Bank									
	Amount (\$)	Pa	yee address; City;	State;	; Zip Co	le			
	\$1,600.18 PO Box 15123								
		D	allas, TX 75265						
	PURPOSE	(a) Ca	tegory (See Categories listed at the t	op of this sch	edule)	(b) Description			
	OF EXPENDITURE	С	edit Card Payment					ide of Texas. Compl	
								i, officeholder living e	
						campaign c	icu	it Calu i ayint	
	Complete ONLY if direct	Car	didate/Officeholder name	C	Dffice sou	Jht		Office held	d
	expenditure to benefit C/OI	1							
	Date	Pa	yee name						
	10/22/2024		olor Team						
	Amount (\$)	Pa	yee address; City;	State;	; Zip Co	le			
	\$2,982.29	19	424 Park Row Ste 130						
		H	ouston, TX 77084						
	PURPOSE OF		tegory (See Categories listed at the t	op of this sch	edule)	(b) Description			
	EXPENDITURE	A	lvertising Expense					ide of Texas. Comple	
								ed Promotion	
						Campaign L	აყი		
	Complete ONLY if direct	Car	didate/Officeholder name		Office sou	iht		Office held	d
	expenditure to benefit C/OF			C C	51100 3000	jin			u

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburs Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract La The Instruction Guide explains how to complete this for	ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
4	Sch: 5/9 Rpt: 20/37	Friends of Donna Campbell	00068678					
4	Date 10/03/2024	Payee name Comal County City Luncheon						
6								
6	Amount (\$) \$13.00	7 Payee address; City; State; Zip Code \$13.00 801 West San Antonio New Braunfels, TX 78130						
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descript	ion					
Ū	OF	Food/Beverage Expense	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense ON Fees					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/02/2024	Cowee Fire And Rescue						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$500.00	208 Mason Branch Rd Franklin, NC 27834						
	PURPOSE OF EXPENDITURE		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/07/2024	Haynes And Boone Llp						
	Amount (\$) \$330.00	Payee address; City; State; Zip Code PO Box 841399						
		Dallas, TX 75284						
	PURPOSE OF EXPENDITURE		ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense ign Legal Fees					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · · · · ·	3 Filer ID (Ethics Commission Filers)					
-	Sch: 6/9 Rpt: 21/37	Friends of Donna Campbell	00068678					
4	Date 10/01/2024	Payee name Morales, Jim						
6	Amount (\$)	Payee address; City; State; Zip Code						
U	\$150.00	207 Pendent Dr Liberty Hill, TX 78642						
0	DUDDOSE							
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ontract Labor					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/23/2024	Morales, Jim						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$38.75	207 Pendent Dr Liberty Hill, TX 78642						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense taff Mileage					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/01/2024	Ramirez, Julieta						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$500.00	14 Eagle Creek Dr						
		Kyle, TX 78640						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ontract Labor					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense pense lages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 7/9 Rpt: 22/37		Friends of Donna Campbell				00068678			
4	Date	5	Payee name							
	10/01/2024		Richard Hogue							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$1,200.00		6125 Stonegate Place							
			Edmond, OK 73025							
8	PURPOSE OF		Category (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T. , officeholder living expense			
					Campaign Co					
					eampaign et	Jinti				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Dffice sou	ght		Office held			
	Date		Payee name							
	10/16/2024		Senate Ladies Club							
	Amount (\$)		Payee address; City; State; Zip Code							
	\$30.00		2517 Pecos							
			Austin, TX 78703							
	PURPOSE OF		Category (See Categories listed at the top of this schu Office Overhead/Rental Expense	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE						officeholder living expense			
					Campaign Dı	Jes				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	10/01/2024		Shane Birdwell							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$500.00		22309 Chipotle Pass							
			·							
			Spicewood, TX 78669							
	PURPOSE OF		Category (See Categories listed at the top of this sch	edule)	(b) Description		de ef Teures, Complete Schedule, T			
	EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T. officeholder living expense			
					Campaign Co					
					1.5					
	Complete ONLY if direct		Candidate/Officeholder name C	Dffice sou	ght		Office held			
	expenditure to benefit C/OI	H								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	Filer ID (Ethics Commission Filers)					
	Sch: 8/9 Rpt: 23/37	Friends of Donna Campbell	00068678					
4	Date	Payee name						
	10/02/2024	Sips And Gulps Llc						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$500.00	761 N San Marcos St						
		Seguin, TX 78155						
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		putside of Texas. Complete Schedule T. , TX, officeholder living expense					
			Given to GCRW					
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/01/2024	Sonya Weber						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$150.00 236 Forest Trail							
		New Braunfels, TX 78132						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Ontract Labor					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/30/2024	Tdcj Manufacturing And Logistics						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$146.14	PO Box 4013						
		Huntsville, TX 77342						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 9/9 Rpt: 24/37	Friends of Donna Campbell	00068678						
4	Date	Payee name							
	10/15/2024	Weeks And Co							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	5701 W Slaughter Lane Ste A-130-500							
		Austin, TX 78749							
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
			leo Production						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/01/2024	Yanuzzi, Joyce							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$150.00	2059 Cowan Drive							
		New Braunfels, TX 78132							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ntract Labor						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/03/2024	Yanuzzi, Joyce							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$277.00	2059 Cowan Drive							
		New Braunfels, TX 78132							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense aff Mileage						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking	Event Expe Fees	oan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense						
	Consulting Expense	Food/Beve	rage Expense	Polling Expense Travel in District				Expense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	alaries/Wages/Contract Labor		Travel Out of District DTHER (enter a category not listed above)		
		The Inst	ruction Guide explains I	now to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 1/12 Rpt: 25/37	Friends of Donna C	ampbell			00068678			
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEM	IIZED				
	ISSUER	Chas	e Bank	EXPENDITURES		\$			
		0.100		CHARGED TO A C	CHARGED TO A CREDIT CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issue	r Paid			
		\$21.64	10/17/2024						
		ΨΖΙ.04	10/11/2024						
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
				345 Park Avenue		eny,	otato,	p 0000	
		Adobe							
				San Jose, CA 9511	0				
8	PURPOSE OF	(a) Category		(b) Description	-				
	EXPENDITURE	(See Categories listed at the top	Campaign Software	Campaign Software Subscription					
	X Political	Office Overhead/Ren							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Au	istin TX	officeholder living exp	ense		
9	Complete <u>ONLY</u> if direct	Candidate/Officeholder)ffice sought	iouni, iriq	Office held			
	xpenditure to benefit C/OH			Ũ					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issue	r Paid			
		\$77.40	10/03/2024						
			10/00/2021						
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
				646 South Flores St	t				
		Heb							
				San Antonio, TX 78	204				
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	District Office Supplies						
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	ıstin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issue	r Paid			
		\$10.81	10/01/2024						
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code	
		Harris Anna Pa		PO Box 419499					
		Iheartmedia							
				Boston, MA 02241					
	PURPOSE OF	(a) Category	of this school (10)	(b) Description					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Subscrip	tions				
	X Political		F. 21.22						
L	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	istin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name C	office sought		Office held			
e	expenditure to benefit C/OH								

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Trar Trav Trav	citation/Fundraising B nsportation Equipmer vel in District vel Out of District HER (enter a categor	nt & Related I		
		The Inst	ruction Guide explains h	low to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			:	3 Filer ID (Ethic	cs Commiss	sion Filers)	
	Sch: 2/12 Rpt: 26/37	Friends of Donna C	ampbell	00068678					
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITED		^			
	ISSUER	see p	revious		EXPENDITURES \$ CHARGED TO A CREDIT CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer	Paid			
		\$58.63	10/13/2024						
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
				1 Microsoft Way					
		Microsoft							
				Redmond, WA 980	52				
8	PURPOSE OF	(a) Category		(b) Description					
		(See Categories listed at the top Advertising Expense	of this schedule)	Campaign Email Ho	osting				
	X Political	, arenaenigperiee							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule			T. Check if Au	ustin, TX, o	fficeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer	Paid			
		\$40.92	10/13/2024						
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code	
		Microsoft		1 Microsoft Way					
		Microsoft							
				Redmond, WA 98052					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
		Advertising Expense		Campaign Email Hosting					
	X Political								
	Non-Political		of Texas. Complete Schedule		ustin, TX, o	fficeholder living exp	ense		
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought		Office held			
С.		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	lecuor	Daid			
					1 135001	raiu			
		\$550.06	10/13/2024						
-	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(a) i aj conanto		1 Microsoft Way		e,	Otato,	Lip couo	
		Microsoft							
				Redmond, WA 980	52				
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign Software	e Subsc	ription			
	X Political	Advertising Expense							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	ustin, TX, o	fficeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held			
e	xpenditure to benefit C/OH								
_									

		EXP	ENDITURE CATEGO	RIES FOR BOX 1	.0(a)			
	Advertising Expense	Event Exp		Loan Repayment/Re	imbursement	Solicitation/Fundraisi		_
	Accounting/Banking Consulting Expense	Fees Food/Beve	erage Expense	Office Overhead/Rer Polling Expense	ntal Expense	Transportation Equip Travel in District	ment & Related I	Expense
	Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award I Committee Legal Serv	ls/Memorials Expense /ices	Printing Expense Salaries/Wages/Con	tract Labor	Travel Out of District OTHER (enter a cate	gorv not listed at	oove)
		-	how to complete t			5.,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	ion Filers)
	Sch: 3/12 Rpt: 27/37	Friends of Donna C	Campbell			00068678		,
4	CREDIT CARD		ncial institution					
-	ISSUER				DITURES	- s		
		see p	revious		ED TO A CREI			
			1	CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Iss	suer Paid		
		\$5.00	10/03/2024					
7	PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code
				1308 Cmr	n St			
		New Braunfels Ship	pping					
				New Brau	New Braunfels, TX 78130-3557			
8	PURPOSE OF	(a) Category		(b) Descrip	tion			
	EXPENDITURE	(See Categories listed at the top		Campaigr	n Shipping Fe	es		
	X Political	Office Overhead/Ren	tal Expense					
	Non-Political		-f.T			TV official class living		
_		(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Dffice sought	Check il Austin,	TX, officeholder living Office held	expense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Onicendider	i name C	Shice Sought		Office field		
е		(a) Amount Charged	(b) Date of Charge		Cradit Card Ia	auer Deid		
		(a) Amount Charged	(D) Date of Charge	(C) Date(S)	Credit Card Iss			
		\$156.76	10/23/2024					
	PAYEE			(1) 5		0.1		7. 0. 1
	PATEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code
		Old 300 Bbq		318 4TH 9	51			
						_		
					X 78606-210	6		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Food/Beverage Expe		Campaigr	n Staff Meetin	ig		
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin,	TX, officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Iss	suer Paid		
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	PURPOSE OF	(a) Category		(b) Descrip	tion			
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political		of Texas. Complete Schedule			04		
	Complete ONLY if direct	Candidate/Officeholder	rname C	Office sought		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 B Candidate/Officeholder/Politic;	y - Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel in District Salaries/Wages/Contract Labor OTHER (enter a category not listed above)					
	Ū.		ow to complete this form.	(,	,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)		
Sch: 4/12 Rpt: 28/37	Friends of Donna C	Campbell		00068678				
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	D				
ISSUER	America	n Express	EXPENDITURES CHARGED TO A CRED CARD	IT \$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid				
	\$113.48	09/28/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Hobby Lobby		5755 Kyle Pkwy Suite 1	0		-		
			Kyle, TX 78640					
8 PURPOSE OF	(a) Category		(b) Description					
	(See Categories listed at the top Office Overhead/Ren		District Office Supplies					
X Political								
Non-Political (c) Check if travel outside of Texas. Complete Scho				rX, officeholder living exp	ense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid				
	\$8.61	10/08/2024						
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	Hobby Lobby		8000 Research Blvd					
	(a) Catagony		Austin, TX 78758 (b) Description					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Capitol Office Supplies					
X Political	Office Overhead/Ren	tal Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T Chock if Austin T	TX, officeholder living exp	0250			
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder		ffice sought	Office held	ense			
expenditure to benefit C/OH			Ŭ					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid				
	\$682.95	10/04/2024						
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	Hobby Lobby		9600 South Interstate 3	5Ste L				
	(a) Catagory		Austin, TX 78748-3889 (b) Description					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Capitol Office Supplies					
X Political	Office Overhead/Ren	tal Expense						
Non-Political		of Texas. Complete Schedule		TX, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held				
expenditure to benefit C/OH	expenditure to benefit C/OH							

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense					
	Consulting Expense	Food/Beve	rage Expense	Polling Expense	Polling Expense Travel in District		Lypense		
	Contributions/ Donations Made By Candidate/Officeholder/Politica	l Committee Legal Serv	s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a categ	ory not listed al	oove)		
		The Inst	ruction Guide explains h	now to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)		
	Sch: 5/12 Rpt: 29/37	Friends of Donna C	ampbell		00068678				
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITER	MIZED				
	ISSUER	see n	revious	EXPENDITURES	\$				
			evious	CHARGED TO A C CARD	REDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid				
ľ		.,							
		\$78,130.00	10/22/2024						
Ļ	PAYEE				City	Ctoto	Zin Codo		
Ľ	PATEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Petals To Go		1515 North Walnut	Ave				
L				New Braunfels, TX	78130				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ant Elaurara				
		Contributions/Donatio		Campaign Constituent Flowers					
	X Political Candidate/Officeholder/Political Committee			e					
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			T. Check if A	ustin, TX, officeholder living e	pense			
9	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held				
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid				
		\$10.00	10/08/2024						
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
				5508 West Hwy 29	0 Ste 208				
		Innovation Event M	anagement						
				Austin, TX 78735					
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	Event Tickets					
	X Political	Lvent Lxpense							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if A	ustin, TX, officeholder living ex	pense			
⊢	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held				
e	xpenditure to benefit C/OH								
⊢	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid				
		\$25.00	10/08/2024						
		¢20.00	10/00/2024						
⊢	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
				158 Napa Rdg	- ·· y ,	,	p =		
		Kendall County Re	oublican	100 Napa Nag					
				Comfort, TX 78013	-3046				
⊢	PURPOSE OF	(a) Category		(b) Description	0010				
	EXPENDITURE	(See Categories listed at the top		Campaign Dues					
	X Political	Office Overhead/Rent	tal Expense	1					
	Non-Political								
⊢			of Texas. Complete Schedule		ustin, TX, officeholder living ex	pense			
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held				
	expenditure to benefit C/OH								

		EXP	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
	Advertising Expense Accounting/Banking	Event Exp Fees		Office Overhead/Rental Expense	Solicitation/Fundraising Transportation Equipm		Expense	
Consulting Expense Contributions/ Donations Made By -		- Gift/Awar	erage Expense ds/Memorials Expense	Printing Expense	Travel in District Travel Out of District			
	Candidate/Officeholder/Politica		vices truction Guide explains h	Salaries/Wages/Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F4:				3 Filer ID (Eth	nics Commiss	sion Filers)	
	Sch: 6/12 Rpt: 30/37		Friends of Donna Campbell				,	
4	CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNITEMIZED				
	ISSUER	see p	previous	EXPENDITURES CHARGED TO A CRED	IT \$			
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid			
		\$19.48	10/09/2024					
7							7.0.1	
ŕ	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		La Madeline		1201 Barbara Jordan Blvdbldg 11				
				Austin, TX 78723				
8	PURPOSE OF	(a) Category		(b) Description				
		(See Categories listed at the top Food/Beverage Expe	•	Capitol Staff Meeting				
	X Political	· · · · · · · · · · · · · · · · · · ·						
	Non-Political		e of Texas. Complete Schedule		X, officeholder living ex	kpense		
9	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholde	r name O	office sought	Office held			
е		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	Ier Paid			
		\$161.90	10/18/2024					
		\$101.90	10/10/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Lincoln Doogon Di	nnar	155 5Th St 7				
		Lincoln Reagan Di	Inter					
		(a) Catagony		San Francisco, CA 94103-2919 (b) Description				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description Event Tickets				
	X Political	Event Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living ex	kpense		
	Complete ONLY if direct	Candidate/Officeholde		ffice sought	Office held			
е	xpenditure to benefit C/OH		-					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid			
		\$242.00	09/30/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		(a) Fayee hame		452 Fm 306	City,	State,	Zip Code	
		Lockaway Storage						
				New Braunfels, TX 7813	30			
	PURPOSE OF	(a) Category	a of this polyadula)	(b) Description				
		(See Categories listed at the top Office Overhead/Rer	,	Campaign Storage Lock	ker			
	X Political							
	Non-Political		of Texas. Complete Schedule		X, officeholder living ex	kpense		
6	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholde	r name O	office sought	Office held			
e								

EXPENDIT	URES MADE	BYC	CREDIT CAI	RD		S	CHEDUL	e F4
		EXPE		RIES	FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Candidate/Officeholde		Event Expe Fees Food/Beve Gift/Awards Legal Servi	ense rage Expense s/Memorials Expense	Loan Office Pollir Printi Salar	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District DTHER (enter a catego	ent & Related	
1 Total pages Schedu	le F4: 2 FILER NAM		•			3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 7/12 Rpt: 31			amphell			00068678		,
4 CREDIT CARD			ncial institution		5 TOTAL OF UNITEMIZED			
ISSUER			revious		EXPENDITURES CHARGED TO A CREDI CARD	\$		
6 PAYMENT	(a) Amount Ch	arged	(b) Date of Charge	Ī	(c) Date(s) Credit Card Issue	er Paid		
	\$47.36	6	10/18/2024					
7 PAYEE	(a) Payee nam	е			(b) Payee address;	City,	State,	Zip Cod
	Star Award	ls			1500 South Interstate 35	i		
					New Braunfels, TX 7813	0		
8 PURPOSE OF	(a) Category				(b) Description			
EXPENDITURE	(See Categories list Contributions Candidate/Ot	/Donatio		ttee	Campaign Constituent G	ifts		
Non-Political	(C) Check if tr	avel outside	of Texas. Complete Schedu	ule T.	Check if Austin, T	K, officeholder living ex	pense	
9 Complete ONLY if d	irect Candidate/Of	ficeholder	name	Office	sought	Office held		
expenditure to benefit	С/ОН							
PAYMENT	(a) Amount Ch	arged	(b) Date of Charge		(c) Date(s) Credit Card Issue	er Paid		
	\$5.42		10/22/2024					
PAYEE	(a) Payee nam	е			(b) Payee address;	City,	State,	Zip Cod
	The Ups S	tore			3805 Lariat Way			
					New Braunfels, TX 7813	2		
PURPOSE OF	(a) Category				(b) Description			
EXPENDITURE	(See Categories list Office Overh				District Office Supplies			
Non-Political	(C) Check if tr	avel outside	of Texas. Complete Schedu	ule T.	Check if Austin, T	K, officeholder living ex	pense	
Complete <u>ONLY</u> if d	irect Candidate/Of	ficeholder	name	Office	sought	Office held		
expenditure to benefit	С/ОН							
PAYMENT	(a) Amount Ch	arged	(b) Date of Charge		(c) Date(s) Credit Card Issue	er Paid		
	\$20.72	2	10/21/2024					
PAYEE	(a) Payee nam	е			(b) Payee address;	City,	State,	Zip Cod
	The Ups S	tore			2407 South Congress Av	/esuite E		

(a) Category

(See Categories listed at the top of this schedule)

Office Overhead/Rental Expense

Candidate/Officeholder name

(C) Check if travel outside of Texas. Complete Schedule T.

PURPOSE OF

EXPENDITURE

Non-Political

Complete ONLY if direct expenditure to benefit C/OH

X Political

Office sought

Austin, TX 78704

Campaign Shipping Fees

Check if Austin, TX, officeholder living expense

Office held

(b) Description

CHEDULE F4

Zip Code

Zip Code

Zip Code

EXPENDITURES MAD	E BY CREDIT CA	RD
	EXPENDITURE CATEG	ORIES FOR BOX 10(a)
Advertising Expense	Event Expense	Loan Repayment/Reimburseme
	Fees	Office Overhead/Rental Expense
		Polling Expense
		Printing Expense
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor
	The Instruction Guide explain	ns how to complete this form.
Total pages Schedule F4: 2 FILER NA	AME	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expense Contributions/ Donations Made By - Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services

ſ

	Advertising Expense Accounting/Banking	Event Expe Fees		Office Overhead/Rental Expense	Solicitation/Fundraising Transportation Equipme		Expense		
	Consulting Expense Contributions/ Donations Made By	- Gift/Award	erage Expense s/Memorials Expense	Printing Expense	Travel in District Travel Out of District	ravel Out of District			
	Candidate/Officeholder/Politica	5		Salaries/Wages/Contract Labor	OTHER (enter a catego	ry not listed at	oove)		
1	Total pages Schedule F4:				3 Filer ID (Ethi	ion Comming	ion Filoro)		
T			amphall		00068678		son Filers)		
_	Sch: 8/12 Rpt: 32/37	Friends of Donna C	-						
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	\$				
	ISSUER	see p	revious	CHARGED TO A CREDI					
				CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	(c) Date(s) Credit Card Issuer Paid				
		\$48.72	10/17/2024						
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Newloo Italian		16535 Huebner Rd Suite	9 104				
		Naples Italian							
				San Antonio, TX 78248-3	1641				
8	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	District Staff Meeting					
	X Political	r ood/Dovorago Expo							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living exp	pense			
9 Complete ONLY if direct Candidate/Officeholder name Office			ffice sought	Office held					
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
		\$36.60	10/17/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
				5781 Kyle Pkwy					
		Walgreen's							
				Kyle, TX 78640					
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	District Office Supplies					
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living exp	pense			
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held				
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
		\$14.00	10/11/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
				1308 Cmn St					
		New Braunfels Ship	oping						
				New Braunfels, TX 7813	0-3557				
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	•	Campaign Shipping Fee	S				
		Office Overhead/Don	rai Evnenco						
	X Political	Office Overhead/Ren	tai Expense						
	X Political		of Texas. Complete Schedule	T. Check if Austin, T)	X, officeholder living exp	Jense			
			of Texas. Complete Schedule	T. Check if Austin, T: ffice sought	X, officeholder living exp Office held	Jense			

		EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraisir Transportation Equipr Travel in District Travel Out of District OTHER (enter a categ	ment & Related I		
		The Inst	ruction Guide explains h	ow to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	thics Commiss	sion Filers)	
	Sch: 9/12 Rpt: 33/37	Friends of Donna C	Campbell		00068678			
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZ				
	ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CRE CARD	DIT \$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
		\$14.00	10/04/2024					
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
		Now Prounfold Chir	aning	1308 Cmn St				
		New Braunfels Ship	oping					
_				New Braunfels, TX 78:	130-3557			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign Shipping Fe	200			
	X Political	Office Overhead/Rent	tal Expense					
	Non-Political		of Touron, Complete Cabadula		TV officeholder living a			
a	Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	n, TX, officeholder living e	expense		
	xpenditure to benefit C/OH			line eeugin	enice neid			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
		\$14.00	09/30/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		New Drewsfele Chi		1308 Cmn St				
		New Braunfels Ship	phing					
				New Braunfels, TX 78	130-3557			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign Shipping Fe	205			
	X Political	Office Overhead/Rent	tal Expense		563			
	Non-Political		/= 0 ++ 0+ ++	- D a 171 r				
	Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	n, TX, officeholder living e	expense		
e	xpenditure to benefit C/OH			inco cougin	enice neid			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
		\$27.55	10/22/2024					
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
		Office Depot		1050 Interstate 35 Nor	rth Ste 800			
	PURPOSE OF	(a) Category		(b) Description	130			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	District Office Supplies	3			
	X Political	Office Overhead/Rent	tal Expense		-			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule		n, TX, officeholder living e	avnense		
	Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held			
e	xpenditure to benefit C/OH			-				
-		l						

	EXP	ENDITURE CATEGO	RIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Exp Fees Food/Beve By - Gift/Award	ense erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraisi Transportation Equip Travel in District Travel Out of District OTHER (enter a cate	ment & Related E	·
	The Inst	ruction Guide explains	s how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	sion Filers)
Sch: 10/12 Rpt: 34/37	Friends of Donna C	Campbell		00068678		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$		
6 PAYMENT	(a) Amount Charged \$22.00	(b) Date of Charge 10/24/2024	(c) Date(s) Credit Card Issu	er Paid		
7 PAYEE	(a) Payee name The Chamber	1	(b) Payee address; 1730 Schertz Parkway Schertz, TX 78154	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Campaign Dues			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedu	Ile T. Check if Austin, T	X, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name	Office sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$186.72	10/23/2024				
PAYEE	(a) Payee name Old 300 Bbq	I	(b) Payee address; 318 4Th St Blanco, TX 78606-2106	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(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 Schedu	Ile T. Check if Austin, T.	X, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholde	rname	Office sought	Office held		
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 10/08/2024	(c) Date(s) Credit Card Issu	er Paid		
PAYEE	(a) Payee name Alamo City Republ	ican Women	(b) Payee address; 2014 Adobe Trl San Antonio, TX 78232	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Campaign Dues			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedu	Ile T. Check if Austin, T	X, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	rname	Office sought	Office held		
Forms provided by Texas E	Ethics Commission	www.ethics.	.state.tx.us	Ve	ersion V4.1.	.0.48da51 [°]

SCHEDULE F4

www.ethics.state.tx.us

Version V4.1.0.48da51f7

	Adverticing Expanse			•			Evpopeo		
Advertising Expense Accounting/Banking Consulting Expense		Fees Of			ce Overhead/Rental Expense Tr		Colicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District		
Contributions/ Donations Made By Candidate/Officeholder/Politica		- Gift/Awards/Memorials Expense Printing Expense Tr			avel Out of District THER (enter a categor	y not listed at	oove)		
			ruction Guide explains ho	ow to complete this	form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 11/12 Rpt: 35/37		Friends of Donna Campbell			00068678			
4	CREDIT CARD		Name of financial institution 5 TOTAL OF UNITEMIZE EXPENDITURES			\$			
	ISSUEN	see p	revious		TO A CREDIT	1 1			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	(c) Date(s) Credit Card Issuer				
		\$18.39	10/08/2024						
7	PAYEE	(a) Payee name	<u> </u>	(b) Payee add	(b) Payee address;		State,	Zip Code	
		A		410 Terry Av	ve N				
		Amazon.Com							
				Seattle, WA 98109					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Capitol Office Supplies					
	X Political	Office Overhead/Ren	al Expense	Cupitor Onic	Capitol Onice Supplies				
	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	•	fice sought	Check in Additin, 177,	Office held	crise		
	xpenditure to benefit C/OH			C C					
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	r Paid			
		\$66.02	10/04/2024						
PAYEE		(a) Payee name		(b) Payee add	lress;	City,	State,	Zip Code	
		Amazon.Com		410 Terry Av	ve N				
		Amazon.com		C					
PURPOSE OF		(a) Category	Seattle, WA 98109 (b) Description						
EXPENDITURE		(See Categories listed at the top of this schedule)		Capitol Office Supplies					
	X Political	Office Overhead/Ren	al Expense	ense					
Non-Political (c) Check if travel outside of Texas.		of Texas. Complete Schedule T		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought		Office held			
e	xpenditure to benefit C/OH			1					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	r Paid			
		\$196.22	10/12/2024						
	PAYEE	(a) Payee name		(b) Payee add	Iress;	City,	State,	Zip Code	
		At&T		208 South A	kard Stfl 10				
	Dallas, TX 752 PURPOSE OF (a) Category (b) Description								
	EXPENDITURE			. ,	Officeholder Cell Phone Service				
	X Political	Office Overhead/Rental 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 name Office sought Office held									
expenditure to benefit C/OH									

EXPENDITURES MADE BY CREDIT CARD

EXPENDITURE CATEGORIES FOR BOX 10(a)										
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		olicitation/Fundraising Expense				
	Consulting Expense	Food/Beverage Expense Pol		Polling Expense	Travel in Distri	ransportation Equipment & Related Expense ravel in District				
	Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards/Memorials Expense Prin Committee Legal Services Sal		Printing Expense Salaries/Wages/Contract Labor		ravel Out of District ITHER (enter a category not listed above)				
	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: 12/12 Rpt: 36/37	Friends of Donna C	ampbell		000686	578				
4	CREDIT CARD				IZED					
	ISSUER									
				CHARGED TO A CF CARD						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid					
		\$122.24	10/04/2024							
		Ψ122.24	10/04/2024							
7	PAYEE	(a) Payee name	ee name (b) Payee address; City, State, Zi			Zip Code				
		(a) Fayee hame		200 Continental Drivesuite 401						
		Ava'S Flowers								
				Newark, DE 19713						
8	PURPOSE OF	(a) Category		(b) Description						
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign Constituent Flowers						
	X Political	Contributions/Donatio								
		Candidate/Officeholde								
			of Texas. Complete Schedule		stin, TX, officeholder					
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office I	neid				
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid					
		\$9.73	10/16/2024							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		Blanco Bbq		13259 Blanco Rd						
					San Antonio, TX 78216					
	PURPOSE OF EXPENDITURE	(a) Category	Category e Categories listed at the top of this schedule)		(b) Description					
		Food/Beverage Expe		District Staff Meeting						
	X Political									
	Non-Political		of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder	living expense				
	Complete ONLY if direct	Candidate/Officeholder	name O	office sought	Office I	held				
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid					
		\$21.34	10/07/2024							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
				318 4Th St						
	Old 300 Bbq									
Blan				Blanco, TX 78606-21	L06					
	PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE (See Categories listed at the top of this schedule)			Campaign Staff Mee	ting						
X Political										
	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 Office sought Office held									
e	expenditure to benefit C/OH									
Ľ										

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

SCHEDULE K

	The Instruction Guide explains how to complete this form					pages Schedule K: 1/1 Rpt: 37/37
2					Filer II	D (Ethics Commission Filers) 8678
4	Date 09/30/2024	Date 5 Name of person from whom amount is received				8 Amount (\$) \$4,067.23
			San Diego, CA 92130			
		7	Purpose for which amount is received Check if p Campaign Interest	olitio	cal con	tribution returned to filer