CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Comm 00084192	,	2 Total page	es filed: 18
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		E USE ONLY
OFFICEHOLDER	The Honorable	Elizabeth				
NAME					Date Received	
					ELECTRON	IICALLY FILED
	NICKNAME	LAST		SUFFIX	10/28/2024	
	Liz	Campos				
4 CANDIDATE /			F\/.	ZIP CODE	Data Hand dolivor	red or Date Postmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP	I / SUITE #; CI	ΙΥ;	ZIP CODE	Date Hand-deliver	eu or Dale Posimarkeu
MAILING	1028 Rigsby				Receipt #	Amount
ADDRESS					Receipt #	Anount
Change of Address	San Antonio, TX 78210				Dete Deceneral	
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Joe		1411		
NAME	1711.	J06				
	NICKNAME	LAST		SUFFIX		
		Campos				
6 CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE);	AP	T / SUITE #; CITY;	:	STATE; ZIP CODE
TREASURER	1035 Rigsby					
ADDRESS	3,					
(Residence or Business)	Com Antonio TV 70010					
	San Antonio, TX 78210					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER	(210) 931-8922		_/			
PHONE	(210) 931-0922					
8 REPORT						
TYPE	January 15	30th day befor		Runoff	15th day afte	r campaign treasurer
		Sour day below				(officeholder only)
	July 15	X 8th day before	election	Exceeded modified	Final Report	(Attach C/OH-FR)
	-			reporting limit	-	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	09/27/2024	т	HROUGH	10/26/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	11/05/2024					
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Dis	trict 119		State Representa	ative District 1	L19
	1			1		
		~~~				
		GO	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Ve	ersion V4.1.0.48da51f7

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 18

13 C / OH NAME	Campos, Elizabeth ( ⁻	he Honorable)	14 Filer ID 00084192	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou I officeholders are required to report this information	t the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
16 CONTRIBUTION TOTALS	<b>\$</b> 5.18			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 22,830.18
EXPENDITURE TOTALS	\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 27,038.71
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	<b>\$</b> 117,342.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	<b>\$</b> 1,267.65
17 AFFIDAVIT	•			
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required	
		The Hono	orable Elizabeth Camp	oos
		Signature o	of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
			, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	cer administering	Printed name of officer administering	Title of office	r administering oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.48da51f7

#### FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 3 of 18 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Campos, Elizabeth (The Honorable) 00084192 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 22,830.18 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 27,038.71 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/18	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		zabeth (The Honorable)				00084192	,
4	Date	5 Full name of contributor 🗌 out-of-state	e PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/21/2024	512 Strategies LLC					\$250.00
		6 Contributor address; City; State; Zip Code					
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	)		
					,		
	Date	Full name of contributor 🔲 out-of-state	e PAC (ID#:	)		Amount of Contribution (\$)	
	10/21/2024	American Pharmacy Inc., PAC					\$500.00
		Contributor address; City; State; Zip Code					
	<u> </u>	Corpus Christi, TX 78401					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date	Full name of contributor out-of-state	e PAC (ID#:	)		Amount of Contribution (\$)	
	10/21/2024	Ancira Strategic Partners LLP		,		( )	\$500.00
	Contributor address; City; State; Zip Code						
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Dete					American of Quantuilautions (A)	
	Date		e PAC (ID#:	)		Amount of Contribution (\$)	¢100.00
	10/26/2024						\$100.00
		Contributor address; City; State; Zip Code					
		San Antonnio, TX 78259					
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	)		
F	Date	Full name of contributor 🔲 out-of-state	e PAC (ID#:	)		Amount of Contribution (\$)	
	10/21/2024	Chevron Employees PAC					\$1,000.00
		Contributor address; City; State; Zip Code					
		Can Daman CA 04500					
	<u> </u>	San Ramon, CA 94583					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

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	The Instru	ction Guide explains how	<i>w</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/18	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Campos, Eli	zabeth (The Honorable)				00084192	-
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/21/2024	Hillco Pac	—				\$500.00
	I	6 Contributor address; City; S	State; Zip Code				
	I						
	I						
		Austin, TX 78701					
8	Principal occu	upation / Job title (See Instruction	s)	9 Employer (See Instructions)	5)		
—	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/21/2024	Holland and Knight Texas		/			\$250.00
		Contributor address; City; S					Ψ200.02
	I		iale, zip coue				
	I						
	I	Dallas, TX 75201					
	Principal occu	upation / Job title (See Instruction	is)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
			,				
—	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/21/2024	Lonbow Consulting Partn					\$350.00
	I	Contributor address; City; S					
	I						
	I						
		Austin, TX 78701					
	Principal occu	upation / Job title (See Instruction	s)	Employer (See Instructions)	;)		
_					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	10/21/2024	Mark Malon DBA M Grou					\$400.00
	I	Contributor address; City; S					
	I						
	I	Augeting TV 20760					
	D i sizal essi	Austin, TX 78768	<u> </u>		ŕ		
	Principal occu	upation / Job title (See Instruction	S)	Employer (See Instructions)	;)		
_	Date	Full name of contributor	X out-of-state PAC (ID#: 0	00366559 )	Γ	Amount of Contribution (\$)	
	10/21/2024	NRG Energy Inc. PAC					\$500.00
	I		State; Zip Code				-
	I		uuo, <u></u> p 0002				
	I						
	I	Princeton, NJ 85400					
	Principal occu	upation / Job title (See Instruction	iS)	Employer (See Instructions)	;)		
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	The Instru	ction Guide explains how	i to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/18	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Campos, Eli	zabeth (The Honorable)				00084192	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/21/2024	PAC of The Independent I	Insurance Agents of T	х			\$250.00
		6 Contributor address; City; St	ate; Zip Code		1		
		Austin, TX 78768					
8	Principal occu	pation / Job title (See Instructions)	)	9 Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/02/2024	Romero, Ramon	—				\$1,000.00
		Contributor address; City; Sta			1		
			-				
		Fort Worth, TX 76101					
		pation / Job title (See Instructions)	;)	Employer (See Instructions	3)		
	State Repres	sentative	State of Texas				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/21/2024 Texans for Lawsuit Reform PAC						\$2,500.00
	Contributor address; City; State; Zip Code						
		Austin, TX 78701	-		Ļ		
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	;)		
⊨		<u> </u>			—		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>* 4 700 00</b>
	10/21/2024	Texans for Lawsuit Reform	-				\$4,700.00
		Contributor address; City; Sta	ate; Zip Code				
		Austin, TX 78701					
$\vdash$	Principal occu	pation / Job title (See Instructions)	3	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	1	panon, coo nic (	,		''		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/21/2024	Texas Construction Assoc				, where or equilibrium (,	\$500.00
		Contributor address; City; Sta		$\left  \right $			
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	;)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/18	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
-		zabeth (The Honorable)		Ľ	00084192	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/21/2024	Texas Dairymen PAC	ļ			\$500.00
	I	6 Contributor address; City; State; Zip Code		1		
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		1	ļ			
		Austin, TX 78711				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	3)		
			l			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/21/2024	Texas Lobby Strategies	ļ			\$1,000.00
	I	Contributor address; City; State; Zip Code		1		
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		Austin, TX 78701	ļ			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	5)		
			I			
_	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/21/2024	Texas Medical Association PAC				\$1,000.00
	I	Contributor address; City; State; Zip Code		ł		
Contributor address, City, State, Zip Code						
		1	ļ			
		Austin, TX 78701	ļ			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	<b></b> 3)		
		ļ	I			
<b>—</b>	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/21/2024	Texas Orthopaedic PAC	,			\$1,000.00
	I	Contributor address; City; State; Zip Code		ł		
			ļ			
		1	ļ			
		Austin, TX 78701	ļ			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	5)		
			I			
	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	10/21/2024	Texas Sands PAC				\$4,000.00
	I	Contributor address; City; State; Zip Code		ł		
			ļ			
		1	ļ			
		Austin, TX 78701	ļ			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	<b></b> 3)		
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	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/18
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		zabeth (The Honorable)		00084192
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	10/21/2024	Texas Society of Certified Accountants		\$500.00
		6 Contributor address; City; State; Zip Code		
		Addison, TX 75001		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	10/21/2024	Texas Trial Lawyers Assoc PAC		\$1,000.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78701		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	10/14/2024	Thomas, Sharon C.		\$25.00
		Contributor address; City; State; Zip Code		
		Universal City, TX 78148		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
F	Date	Full name of contributor X out-of-state PAC (ID#:0	)0542365 )	Amount of Contribution (\$)
	10/21/2024	Toyota Motor North America, INC PAC		\$500.00
		Contributor address; City; State; Zip Code		
		Washington, DC 20004		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
I				

	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:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 1/10 Rpt: 9/18	Campos, Elizabeth (The Honorable)	00084192					
4	Date 10/07/2024	5 Payee name AT&T Payment						
6	Amount (\$) \$306.69	7 Payee address; City; State; Zip Code 1 Dali Blvd St. Petersburg, FL 33701						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/23/2024	Amazon						
	Amount (\$) \$121.79	Payee address; City; State; Zip Code 410 Terry Avenue North Seattle						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense fice Supplies					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/21/2024	Apple						
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1 Apple Park Way						
		Cupertino, CA 95014						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	erhead pense xpens Vages	e /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 Filer	rs)	
	Sch: 2/10 Rpt: 10/18		Campos, Elizabeth (The Honorable)					00084192		
4	Date	5	Payee name							
	10/07/2024		Arthur John Gonzales							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode					
	\$250.00		2602 Hiawatha							
			San Antonio, TX 78210							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description				
			Advertising Expense	icuaic)		Check if travel		ide of Texas. Complete Schedule T.		
	EXPENDITURE		<b>0</b>			Check if Austin	, TX,	, officeholder living expense		
						Social Media				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	10/14/2024		Bill Miller							
	Amount (\$)		Payee address; City; State	; Zip Co	ode					
	\$30.20 2750 Bill Miller Lane									
			San Antonio, TX 78210							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	(aluba)	(b)	Description				
	OF		Food/Beverage Expense	icuaic)		·	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		5					, officeholder living expense		
						Campaign Fo	od	/Beverage		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ight			Office held		
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	10/01/2024		Campos, Joe							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$3,500.00		1035 Rigsby							
			San Antonio, TX 78210							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description				
	OF		Salaries/Wages/Contract Labor	,			outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		J					, officeholder living expense		
						Sign Placeme	ent/	/Maintenance		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght			Office held		
	expenditure to benefit C/OI	н								

			EX	PENDITURE CA	TEGOR	RIES FOR	вох	(8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Aw Legal S	everage Expense ards/Memorials Expen ervices		Office Over Polling Exp Printing Exp Salaries/Wa	head/R ense oense ages/Co	Reimbursement Rental Expense ontract Labor		Travel in District Travel Out of Dis	quipment & Related Ex	-
Ļ	This is a Calcadula F1.	<u> </u>		struction Guide e	xpiains i	now to con	piere		_	-1 10	(Tilling Opmming)	<b>(</b> ), (), (), (), (), (), (), (), (), (), (
1	Total pages Schedule F1: Sch: 3/10 Rpt: 11/18	2	FILER NAME Campos, Elizabe	th (The Honora	able)					Filer ID 00084192	(Ethics Commissio	on Filers)
4	Date	5	Payee name									
	10/16/2024		Campos, Joe									
6	Amount (\$) \$1,800.00		Payee address; 1035 Rigsby	City;	State;	Zip Coc	le					
			San Antonio, TX	78210								
8	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categ} Salaries/Wages/(		of this sche	edule)			TX,	le of Texas. Comp officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officehold	ler name	0	Office soug	ht			Office he	eld	
	Date		Payee name									
	10/15/2024		Circle K									
	Amount (\$)		Payee address;	City;	State;	Zip Coo	le					
	\$21.57		6910 S Flores St San Antonio, TX	79214								
	DUDDOCC	(-)					(h) =					
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categ} Travel In District	ories listed at the top	of this sche	edule)		_		le of Texas. Compofficeholder living		
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officehold	er name	0	Office soug	ht			Office he	ld	
	Date		Payee name									
	10/26/2024		Circle K									
	Amount (\$) \$24.27		Payee address; 6910 S Flores St	City;	State;	Zip Coo	le					
			San Antonio, TX	78214								
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categ} Travel In District	ories listed at the top	of this sche	edule)				le of Texas. Comp officeholder living		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officehold	er name	0	Office soug	ht			Office he	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 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:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 4/10 Rpt: 12/18	Campos, Elizabeth (The Honorable)	00084192		
4	Date 09/28/2024	Payee name Con Amor Cocina			
6	Amount (\$) \$72.60	Payee address;City;State; Zip Code2314 Steve AveSan Antonio, TX 78210			
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Image: Check if Austin, TX, officeholder living expense         Image: Check if Austin, TX, officeholder living expense       Image: Check if Austin, TX, officeholder living expense         Image: Check if Austin, TX, officeholder living expense       Image: Check if Austin, TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/12/2024	Con Amor Cocina			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$225.37	2314 Steve Ave San Antonio, TX 78210			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense od/Beverage		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/19/2024	Con Amor Cocina			
	Amount (\$) \$2,016.70	Payee address;City;State; Zip Code2314 Steve Ave			
		San Antonio, TX 78210			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense INCE San Jose		
	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		Fees Off Food/Beverage Expense Pol Gift/Awards/Memorials Expense Pri	fice Overhe olling Expen inting Expe alaries/Wag	nse es/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: 5/10 Rpt: 13/18		Campos, Elizabeth (The Honorable)				00084192	
4	Date	5	Payee name					
	10/20/2024		Down On Grayson					
6	Amount (\$)       7       Payee address;       City;       State;       Zip Code         \$74.32       303 E. Grayson         San Antonio, TX 78248							
8	PURPOSE	(a)		) (b	Description			
Ū	<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Food/Beverage</li> </ul> </li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	e sough	t		Office held	
	Date		Payee name					
	10/05/2024		Express News					
	Amount (\$)		Payee address; City; State; Zi	ip Code				
	\$46.78		420 Broadway San Antonio, TX 78204					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense	_{e)} (b		, тх,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	e sough	t		Office held	
	Date		Payee name					
	10/02/2024		Godaddy					
	Amount (\$) \$110.85		Payee address; City; State; Zi 2155 E. GoDaddy Way	ip Code				
			Tempe, AZ 85284					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense	_{e)} (b		, тх,	de of Texas. Complete Schedule T. officeholder living expense NARE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	e sough	t		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	B Filer ID (Ethics Commission Filers)					
	Sch: 6/10 Rpt: 14/18	Campos, Elizabeth (The Honorable)	00084192					
4	Date 10/22/2024	5 Payee name Godaddy						
6	Amount (\$) \$18.11	7 Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284						
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Computers/Software							
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/01/2024	Google G Suite						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$31.58	1600 Amphitheatre Pkwy Mountain View, CA 94043						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. ⁻ X, officeholder living expense ftware					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/21/2024	HEB						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$170.00	4100 S New Braunfels Ave						
		San Antonio, TX 78223						
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense b <b>d/Beverage</b>					
	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	Gift/Awards/Memo ee Legal Services	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:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 7/10 Rpt: 15/18		mpos, Elizabeth (The	Honorable)				00084192	
4	Date 10/01/2024		yee name ghland Park NA						
6	Amount (\$) \$200.00	90	yee address; City; 1Bode n Antonio, TX 78210	State;	; Zip Coo	e			
8	PURPOSE OF EXPENDITURE	Contributions/Donations Made By							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	e C	Office soug	ht		Office he	eld
	Date	Pa	yee name						
	10/13/2024	JA	Alexander's						
	Amount (\$) \$79.06		yee address; City; 5 E. Basse	State;	; Zip Coc	e			
			n Antonio, TX 78229						
	PURPOSE OF EXPENDITURE		tegory (See Categories listed od/Beverage Expense		edule)		n, TX,	de of Texas. Com officeholder living <b>/Beverage</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						eld	
	Date	Pa	yee name						
	10/03/2024	Pr	ofessional Campaign S	Services					
	Amount (\$) \$8,500.00		yee address; City; Turin Ct	State;	; Zip Coc	e			
		Sa	n Antonio, TX 78257						
	PURPOSE OF EXPENDITURE		tegory (See Categories listed vertising Expense	at the top of this sch	edule)		n, TX,	de of Texas. Com officeholder living Communicat	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	· C	Office soug	ht		Office he	eld

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	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 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:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 8/10 Rpt: 16/18		Campos, Elizabeth (The Honorable)				00084192		
4	Date	5	Payee name						
	10/21/2024		Professional Campaign Services						
6	Amount (\$)	7	Payee address; City; State; Zip	Code					
	\$8,500.00		5 Turin Ct						
			San Antonio, TX 78257						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b	) Description				
	OF EXPENDITURE		Advertising Expense			outsi	de of Texas. Complete Schedule T.		
	EXPENDITORE						officeholder living expense		
					Voter Contac	t / (	Communications		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	sough	t		Office held		
	Date		Payee name						
	10/17/2024		SD19 Tejano Dems						
	Amount (\$)		Payee address; City; State; Zip	Code					
	\$200.00		7310 WestvilleDr						
			San Antonio, TX 78227						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b	) Description				
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee						
						Uniceriolder iving expense			
					2011000				
	Complete ONLY if direct		Candidate/Officeholder name Office	sought	t		Office held		
	expenditure to benefit C/OI	H		Ū					
	Date		Payee name						
	10/18/2024		Sherry's Texan						
	Amount (\$)		Payee address; City; State; Zip	Code					
	\$35.27		2543 Goliad						
			San Antonio, TX 78223						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b	) Description				
	OF EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T.		
							officeholder living expense		
					Campaign Fo	JUU	i develaye		
		Ľ	Candidate/Officebolder name	- COURTE	+		Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	sough	l		Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)												
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment			Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Git/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:	2	FILER NAME						3	Filer ID (Ethics Commission Filers)		
	Sch: 9/10 Rpt: 17/18		Campos, Eli	zabeth (The	Honorable)					00084192		
4	Date	5	Payee name									
	10/03/2024		Spectrum VoIP									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$294.25		2900 Gateway Dr.									
			Ste. 620	- 2								
			Irving, TX 75	063								
_			-				(a)					
8	PURPOSE OF	(a)			at the top of this sch	redule)	(b)	Description	outci	do of Toxas Con	nplete Schedule T.	
	EXPENDITURE		Office Overh	iead/Rentai	Expense					officeholder livin		
								Office Phone				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O											
	Date		Payee name									
	10/17/2024		St. Margaret	Mary Churc	h							
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	ode					
	\$150.00											
			San Antonio	, TX 78223								
	PURPOSE OF	(a)			I at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Contribution								nplete Schedule T.	
Candidate/Officeholder/Political Committee all festival contribution												
									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ibution		
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	l			Office h	old	
	expenditure to benefit C/OI		Sandidate/Onic		, (	51166 300	igin			Office II		
_	Date	<b>—</b>										
	10/16/2024		Payee name Starbucks									
				o. Citr <i>u</i>	Ctata		do					
	Amount (\$)		Payee addres		State	; Zip Co	bae					
	\$27.97		3818 E. Con	Interce								
			San Antonio	, TX 78259			1					
	PURPOSE OF	(a)			I at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense	<u>,</u>					officeholder living	nplete Schedule T.	
								Campaign Fo			g expense	
								Sampaignin		u		
-	Complete ONLY if direct	Ľ	Candidate/Offic	eholder name	<u> </u>	Office sou	l Iaht			Office h	eld	
	expenditure to benefit C/OI			cholaci naine	. (	500	gint			Childe II	old.	
-												

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 Pinting 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:		<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 10/10 Rpt: 18/18	Campos, Elizabeth (The Honorable)	00084192							
4	Date 10/08/2024	Payee name USPS								
6	Amount (\$) \$71.34	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>3918 Clark Ave</li> <li>San Antonio, TX 78210</li> </ul>								
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Monthly Fee</li> </ul>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/29/2024	Voices of Veterans								
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 915 Mount Perkins San Antonio, TX 78213								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							