SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00068678	2 Total pages filed: 76				
3 COMMITTEE NAME			OFFICE USE ONLY				
Friends of Donna	Campbell		Date Received				
	1		01/15/2025				
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODI	E				
ADDRESS	1308 Common Street Ste 205 Box 719		Date Hand-delivered or Date Postmarked				
Change of Address							
	New Braunfels, TX 78130		Receipt # Amount				
			Date Processed				
			Date Imaged				
5 CAMPAIGN	MS / MRS / MR FIRST		MI				
TREASURER NAME	Mr. John						
	NICKNAME LAST		SUFFIX				
	Steen						
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; C	CITY; STATE; ZIP CODE				
TREASURER	1 E. Greenway Plz., Ste. 225	$\eta, \qquad A = 7 \text{ Solid} \pi, C$	STATE, ZIF CODE				
STREET	1 L. Greenway FIZ., Ste. 223						
ADDRESS							
(Residence or Business)	Houston, TX 77046						
7 CAMPAIGN	STREET OR PO BOX;	APT / SUITE #; C	CITY; STATE; ZIP CODE				
TREASURER MAILING	1 E. Greenway Plz., Ste. 225						
ADDRESS							
	Houston, TX 77046						
Change of Address							
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION					
PHONE	(713) 526-3399						
9 REPORT	X January 15	Oth day before election	Exceeded modified reporting limit				
TYPE		th day before election	Dissolution (Attach PAC-DR)				
	July 15	-					
		unoff	10th day after campaign treasurer termination				
10 PERIOD	Month Day Year	Month	Day Year				
COVERED			2/31/2024				
	10/21/2024	12					
11 ELECTION	ELECTION DATE	ELECTION TYPE					
		rimary Runoff	Other				
		ieneral Special					
	GO TO PAGE 2						
Formo provided by T-							
Forms provided by Te	xas Ethics Commission www.	ethics.state.tx.us	Version V4.1.0.5dd2ace2				

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 / #		ION DATE			
OPPOSE (Candidate or Measure)			Month	Day Year			
ASSIST	Measure	DESCRIPTION					
(Officeholder)							
15 CONTRIBUTION TOTALS		RIBUTIONS OF \$50 OR LESS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED	N PLEDGES,	\$ \$0.00			
	2. TOTAL POLITICAL CO	ONTRIBUTIONS					
	(OTHER THAN PLEDGES	5, LOANS, OR GUARANTEES OF LOANS)		\$ \$282,224.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURES		\$ \$0.00			
	4. TOTAL POLITICAL EX	(PENDITURES		\$ \$65,340.83			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$ \$1,548,961.71			
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 information Title 15, Election Code.					
		Mr. Jol	hn Steen				
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasure	er			
Sworn to and subscribed	before me, by the said	, t	his the	day			
of							
Signature of officer adr	ninistering oath Print	ed name of officer administering oath	Title of office	er administering oath			
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2			

SUBTOTALS - SPAC	C	FORM SPAC OVER SHEET PG 3 3 of 76
17 COMMITTEE NAME Friends of Donna Campbell	18 Filer ID 00068678	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	1	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 282,224.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	DR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
7. SCHEDULE E: LOANS		\$
8. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 45,770.15
9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
11. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 19,570.68
12. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
13. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
14. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 12,164.14

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/26 Rpt: 4/76 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 (\$) 12/13/2024 Abbott Laboratories Employee Political Action Committee \$1,000.00 6 Contributor address; City; State; Zip Code Lake Bluff. IL 60044 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor x out-of-state PAC (ID#: C00536573 Amount of Contribution (\$) 12/13/2024 \$1,500.00 Abbvie PAC Contributor address; City; State; Zip Code Chicago, IL 60064 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/13/2024 Ahlberg, Trevor \$5,000.00 Contributor address; City; State; Zip Code Irving, TX 75038 Principal occupation / Job title (See Instructions) Employer (See Instructions) President **Cottonwood Financial** Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 12/02/2024 Allen Boone Humphries Robinson Llp \$2,500.00 Contributor address; City; State; Zip Code Houston, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/02/2024 \$1,000.00 American Property Casualty Insurance Association Contributor address; City; State; Zip Code Chicago, IL 60631 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE A1

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	The Instru	ction Guide explains how	<i>i</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/26 Rpt: 5/76	
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 (\$)	
	12/11/2024	Arechiga, Jason					\$500.00
		6 Contributor address; City; St	tate; Zip Code		1		
		San Antonio, TX 78259					
8	Principal occu Developer	pation / Job title (See Instructions	;)	9 Employer (See Instructions NRP group	3)		
_	-	<u> </u>			—		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷= 000.00
	11/05/2024	Associated General Contr					\$5,000.00
		Contributor address; City; St	ate; Zip Code				
		Austin, TX 78768					
	Principal occu	pation / Job title (See Instructions	<u></u>	Employer (See Instructions	<u>ار</u>		
	1 1		,		,		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/02/2024	At&T Texas PAC					\$2,500.00
		Contributor address; City; St	tate; Zip Code		ł		
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	<i>;</i>)	Employer (See Instructions	5)		
					—		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	÷4 500 00
	11/20/2024	Atmos Energy Corporation					\$1,500.00
		Contributor address; City; St	ate; Zip Code				
		Dallas, TX 75240					
	Principal occu	I pation / Job title (See Instructions	 s)	Employer (See Instructions	<u>ا</u> ج)		
	·	•					
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	Austin Police Association	—				\$1,000.00
		Contributor address; City; St	tate; Zip Code		1		
			·				
		Austin, TX 78721					
	Principal occu	pation / Job title (See Instructions	(ذ	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/26 Rpt: 6/76 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 (\$) 12/10/2024 **BPA PAC** \$1,000.00 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 (\$) 11/18/2024 Beef PAC \$1,000.00 Contributor address; City; State; Zip Code Amarillo, TX 79106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/20/2024 Beer Alliance Of Texas Political Action Committee \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 \$1,000.00 Bing, Eric Contributor address; City; State; Zip Code Houston, TX 77056 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO The College of Health Care Professions Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_) 12/02/2024 \$1,000.00 **Brentwood Public Affairs** 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: 4/26 Rpt: 7/76 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 (\$) 12/02/2024 Butler Snow LLP \$1,000.00 6 Contributor address; City; State; Zip Code Ridgeland, MS 39158 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 Cates, Rebecca \$250.00 Contributor address; City; State; Zip Code Angleton, TX 77515 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 12/13/2024 Charter Communications, Inc Texas PAC \$5,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 Charter Schools Now PAC \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 11/05/2024 \$1,000.00 Chubb Group Holdings Inc. PAC A Multi-Candidate PAC Contributor address; City; State; Zip Code Philadelphia, PA 19106 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/26 Rpt: 8/76	
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 (\$)	
	12/02/2024	Clark, Chad				\$2,500.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78258				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	VP		Delta Properies			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/02/2024	Comcast Corporation & Nbcuniversal Political				\$1,500.00
						· •
		Philadelphia, PA 19103				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/02/2024	Congress Ventures, Llc Capitol Partners Const			(*)	\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/05/2024	Conocophillips Spirit PAC Qualified Multi-Cand				\$1,000.00
		Contributor address; City; State; Zip Code				
		Bartlesville, OK 74004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	CraftPAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78766				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 6/26 Rpt: 9/76 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 (\$) 12/02/2024 **Delisi Communications PAC** \$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 (\$) 12/02/2024 \$1,000.00 Enterprise Holdings, Inc. Political Action Committee A Qualified Multi-Contributor address; City; State; Zip Code Clayton, MO 63105 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 11/18/2024 Eye-PAC Of The Texas Ophthalmological Association \$2,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/25/2024 \$500.00 Faust, Tena Contributor address; City; State; Zip Code Houston, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions) Non Profit Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/02/2024 Foley & Lardner Llp Texas Campaign Fund \$1,500.00 Contributor address; City; State; Zip Code Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE A1

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/26 Rpt: 10/76	
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 (\$)	
	12/13/2024	Ford, Curtis				\$2,500.00
		6 Contributor address; City; State; Zip Code		1		
		West Lake Hills, TX 78746				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	President		Nationa Media Corporat	tion		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/02/2024	Friends Of The TTU System PAC				\$2,500.00
		Contributor address; City; State; Zip Code		1		
		Lubbock, TX 79409				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Friends Of The University Political Action Comm				\$2,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78763		Ļ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/06/2024	GPM PAC				\$100.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78265				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Fincipal occu			5)		
	Data			<u> </u>		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ GenenPAC)		Amount of Contribution (\$)	\$1,000.00
	12/02/2024					Φ1,000.00
		Contributor address; City; State; Zip Code				
		South San Francisco, CA 94080				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L		
		· · · · · · · · · · · · · · · · · · ·		,		

SCHEDULE A1

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/26 Rpt: 11/76	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
[onna Campbell		ľ	00068678	
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7	Amount of Contribution (\$)	
	10/28/2024	Graham, Jay				\$10,000.00
		6 Contributor address; City; State; Zip Code		1		
		Bryan, TX 77802				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Engineer		Spur Energy Partners			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/14/2024	Grant, Kathy				\$500.00
		Austin, TX 78704				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Lobbyist		Kathy Grant Group	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	12/13/2024	Full name of contributor out-of-state PAC (ID#) Greenberg Traurig, P.A. Political Action Comm			Amount of Contribution (\$)	\$2,000.00
	12/13/2024					φ2,000.00
		Contributor address; City; State; Zip Code				
		Albany, NY 12207				
⊢	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	i incipai occu			3)		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/06/2024	Guadalupe County Republican Women				\$200.00
		Contributor address; City; State; Zip Code		1		
		Seguin, TX 78156				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
F	Date	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
	12/13/2024	Gulf States Toyota Inc. State PAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77077				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
⊢			1			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/26 Rpt: 12/76 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 (\$) 12/02/2024 HCA Texas Good Government Fund \$1,000.00 6 Contributor address; City; State; Zip Code Dallas, TX 75240 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/10/2024 Hartman, Gordan \$2,500.00 Contributor address; City; State; Zip Code San Antonio, TX 78233 Principal occupation / Job title (See Instructions) Employer (See Instructions) President The Hartman Foundation Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/10/2024 Heller, David \$2,000.00 Contributor address; City; State; Zip Code Boca Raton, FL 33432 Principal occupation / Job title (See Instructions) Employer (See Instructions) President & CEO J David Heller Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 \$1,000.00 Holland and Knight Texas PAC Contributor address; City; State; Zip Code Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/13/2024 \$3,000.00 HomePAC Of Texas 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: 10/26 Rpt: 13/76 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 (\$) 12/13/2024 Hoover Slovacek Llp \$1,000.00 6 Contributor address; City; State; Zip Code Houston, TX 77056 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/02/2024 \$1,000.00 Houston Police Retired Officers Association PAC - Fund Contributor address; City; State; Zip Code Houston, TX 77219 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/11/2024 Hull, Dan \$100.00 Contributor address; City; State; Zip Code Boerne, TX 78006 Principal occupation / Job title (See Instructions) Employer (See Instructions) NRP Group **Construction Manager** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 \$750.00 IEC Of Texas PAC Fund Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$5,000.00 12/13/2024 Incline PAC 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: 11/26 Rpt: 14/76 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 (\$) 12/02/2024 Jes Holdings, LLC - Texas Development PAC \$2,500.00 6 Contributor address; City; State; Zip Code Columbia, MO 65203 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/05/2024 Jpmorgan Chase & Co. PAC \$2,000.00 Contributor address; City; State; Zip Code Washington, DC 20005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 12/13/2024 Linebarger Goggan Blair & Sampson LLP \$1,500.00 Contributor address; City; State; Zip Code Austin, TX 78760 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/20/2024 \$500.00 Longbow Consulting Partners Llc Dba Longbow Partners Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$1,000.00 11/13/2024 Miller, Robert D. Contributor address; City; State; Zip Code Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Locke Lord LLP

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 12/26 Rpt: 15/76 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 (\$) 12/13/2024 Moak Casey PAC \$1,000.00 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 (\$) 12/04/2024 Morris, Joe \$250.00 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lobbyist Various Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/12/2024 Mott, Robert \$1,000.00 Contributor address; City; State; Zip Code Brenham, TX 77833 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/05/2024 \$350.00 N.W. Austin Republican Women'S Club Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/13/2024 \$1,000.00 NAIFA Texas PAC 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: 13/26 Rpt: 16/76 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 (\$) 12/02/2024 Nrg Energy Inc Political Action \$2,000.00 6 Contributor address; City; State; Zip Code Princeton, NJ 08540 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/02/2024 Oncor Texas State Political Action Committee \$5,000.00 Contributor address; City; State; Zip Code Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/02/2024 Otsuka America Pharmaceutical Inc. Political Action Committee (Otsuka \$500.00 Contributor address; City; State; Zip Code Rockville, MD 20850 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 Otto, Martin \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) HEB COO Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/12/2024 \$5,000.00 Pardue, Leslie Contributor address; City; State; Zip Code Austin, TX 78737 Principal occupation / Job title (See Instructions) Employer (See Instructions) consultant Self

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 14/26 Rpt: 17/76 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 (\$) 12/02/2024 Pediatric Dentists Political Action \$500.00 6 Contributor address; City; State; Zip Code McKinney, TX 75069 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 \$1,000.00 Pediatrix Medical Group, Inc. Texas Political Action Committee Contributor address; City; State; Zip Code Sunrise, FL 33323 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/28/2024 Pedrick, Larry \$250.00 Contributor address; City; State; Zip Code Houston, TX 77069 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/02/2024 Penn Entertainment Inc. Texas Political Action Committee \$2,000.00 Contributor address; City; State; Zip Code Wyomissing, PA 19610 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/02/2024 \$1,000.00 Poinsett Pllc 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: 15/26 Rpt: 18/76 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 (\$) 12/02/2024 Political Action Committee Of The Independent Insurance Agents Of \$2,500.00 6 Contributor address; City; State; Zip Code Austin, TX 78768 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 \$1,000.00 Populus Financial Group, Inc. Texas PAC Contributor address; City; State; Zip Code Irving, TX 75062 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/02/2024 \$500.00 Ron Lewis & Associates Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/02/2024 **Rural Friends Of Electric Cooperatives** \$2,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/02/2024 \$10,000.00 Ryan Texas PAC Contributor address; City; State; Zip Code Dallas, TX 75240 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE	A1
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	The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/26 Rpt: 19/76	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
_		Donna Campbell			00068678	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/02/2024		1			\$2,500.00
		6 Contributor address; City; State; Zip Code				
			1			
		Houston, TX 77007				
8	Principal occı	upation / Job title (See Instructions)	9 Employer (See Instructions)	上 5)		
	President		Spec's			
—	Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	12/13/2024	Sa Prof Firefighters Assoc Local 624				\$2,624.00
			1			
			1			
		San Antonio, TX 78201	!			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	Shapiro Linn Strategic Consulting Llc				\$750.00
		Contributor address; City; State; Zip Code				
			1			
			1			
		Bee Cave, TX 78734		Ļ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	12/02/2024	Sledgelaw Group Pllc	1			\$5,000.00
		Contributor address; City; State; Zip Code	1			
			1			
		Austin, TX 78766				
	Principal occı	upation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	·	· · · · · ·				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/02/2024	State University System Political Action Commit				\$1,000.00
		Contributor address; City; State; Zip Code				
			1			
			,			
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
		,				

SCHEDULE A1

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/26 Rpt: 20/76	
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
-		onna Campbell			00068678	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/13/2024	Stevenson, Mark				\$5,000.00
	I	6 Contributor address; City; State; Zip Code				
		New Braunfels, TX 78132				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)		
	VP		ValMark Chevrolet			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/02/2024	TBA Bank PAC State				\$3,000.00
	1	Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/20/2024	Targa Resources Corp. Texas PAC				\$1,000.00
	I	Contributor address; City; State; Zip Code				
		Houston, TX 77002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/18/2024	Tenaska Employees Texas PAC				\$1,000.00
	I	Contributor address; City; State; Zip Code				
		Omaha, NE 68154				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/02/2024	Texans For Lawsuit Reform PAC				\$25,000.00
	I	Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
				_		
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MONET	ARY POLITICAL CC	ONTRIBUTIO	NS	SCHEDU	LE A1
The Instruc	ction Guide explains how to	complete this fo	rm.	Total pages Schedule A1: Sch: 18/26 Rpt: 21/76	
2 FILER NAME Friends of Do	onna Campbell		\$	3 Filer ID (Ethics Commissi 00068678	on Filers)
12/02/2024			7 Amount of Contribution (\$)	\$1,000.00	
	Austin, TX 78741				
8 Principal occur	pation / Job title (See Instructions)	Ę	9 Employer (See Instructions)		
Date 12/02/2024	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00
Principal occur	Austin, TX 78754 pation / Job title (See Instructions)		Employer (See Instructions)		
Date 12/02/2024	Full name of contributor Texas Ambulatory Surgery C Contributor address; City; State Austin, TX 78701	-)	Amount of Contribution (\$)	\$500.00
Principal occur	pation / Job title (See Instructions)		Employer (See Instructions)		
Date 11/06/2024	Full name of contributor Texas And Southwestern Ca Contributor address; City; State) tion	Amount of Contribution (\$)	\$2,500.00
Principal occur	Fort Worth, TX 76185 pation / Job title (See Instructions)		Employer (See Instructions)		
Date 12/02/2024	Full name of contributor Texas Association Of Crane Contributor address; City; State Austin, TX 78716)	Amount of Contribution (\$)	\$1,000.00
Principal occur	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: 19/26 Rpt: 22/76 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 (\$) 12/06/2024 **Texas Boma PAC** \$500.00 6 Contributor address; City; State; Zip Code Leander, TX 78646 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/18/2024 Texas Building Branch Agc PAC Account \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 12/13/2024 Texas College Of Emergency Physicians PAC Account \$1,500.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/02/2024 **Texas Consumer Lenders PAC** \$2,500.00 Contributor address; City; State; Zip Code Greenville, SC 29615 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/02/2024 \$500.00 **Texas Dairymen PAC** Contributor address; City; State; Zip Code Austin, TX 78711 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY PO		ONTRIBUTIO	INS		SCHEDUI	_e A1		
The Instruction Guide		Total pages Schedule A1: Sch: 20/26 Rpt: 23/76						
2 FILER NAME Friends of Donna Campbe	FILER NAME Friends of Donna Campbell							
	of contributor [od & Fuel Associa r address; City; Stat	7	Amount of Contribution (\$)	\$1,000.00				
Austin, T>	< 78701							
8 Principal occupation / Job title	(See Instructions)		9 Employer (See Instructions)	5)				
Date Full name	of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	12/02/2024 Texas Leads PAC Contributor address; City; State; Zip Code					\$2,000.00		
	Principal occupation / Job title (See Instructions) Employer (See Instructions)							
12/02/2024 Texas Me	12/02/2024 Texas Medical Association PAC TexPAC-Statewide Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00		
Principal occupation / Job title			Employer (See Instructions)	<u> </u> ;)				
Date Full name	of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)			
12/02/2024 Texas Mo	rtgage Bankers P	olitical Action Commi	ittee			\$3,000.00		
	Contributor address; City; State; Zip Code Austin, TX 78701							
Principal occupation / Job title	(See Instructions)		Employer (See Instructions)	5)				
Date Full name	of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)			
12/02/2024 Texas Oil Contributor			\$2,500.00					
Austin, T>			Employer (See Instructions)					
Principal occupation / Job title	;)							

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 21/26 Rpt: 24/76 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 (\$) 12/13/2024 **Texas Physicians For Patients PAC** \$2,500.00 6 Contributor address; City; State; Zip Code Marble Falls, TX 78654 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 Texas Radiological Society Political Action Committee \$2,000.00 Contributor address; City; State; Zip Code San Antonio, TX 78257 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) Date 11/05/2024 **Texas Restaurant Association PAC** \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78767 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/05/2024 Texas Society Of Certified Public Accountants \$1,250.00 Contributor address; City; State; Zip Code Addison, TX 75001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 12/13/2024 \$1,000.00 **Texas State Farm Agents PAC** Contributor address; City; State; Zip Code Bee Cave, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instruc	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 22/26 Rpt: 25/76	
2 FILER NAME Friends of Do	onna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
12/13/2024	 5 Full name of contributor out-of-state PAC (ID# Texas Towing & Storage Association PAC 6 Contributor address; City; State; Zip Code 	؛ <u></u>)	7 Amount of Contribution (\$) \$1,000.00
	Spring, TX 77386		
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions))
Date 12/02/2024	Full name of contributor out-of-state PAC (ID# Texas Travel Alliance TravelPAC Contributor address; City; State; Zip Code) :)	Amount of Contribution (\$) \$1,500.00
Principal occur	Austin, TX 78746 pation / Job title (See Instructions))	
Date 11/05/2024	Full name of contributor out-of-state PAC (ID# Texas Wildlife Association PAC Contributor address; City; State; Zip Code	:)	Amount of Contribution (\$) \$2,500.00
Principal occur	New Braunfels, TX 78132 pation / Job title (See Instructions)	Employer (See Instructions))
Date 11/05/2024			Amount of Contribution (\$) \$2,000.00
Principal occur	Austin, TX 78759 pation / Job title (See Instructions)	Employer (See Instructions))
Date 12/13/2024	Full name of contributor out-of-state PAC (ID# The American Electric Power Company- Texas Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$2,000.00	
Principal occur	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: 23/26 Rpt: 26/76 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 (\$) 12/02/2024 The Home Depot Political Action Committee \$2,000.00 6 Contributor address; City; State; Zip Code Washington, DC 20004 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/02/2024 The Us Oncology Network PAC \$2,500.00 Contributor address; City; State; Zip Code The Woodlands, TX 77380 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/02/2024 \$1,000.00 Toomey, Mike Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Government Affairs** Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 \$2,000.00 **Touchstone Political Action Committee** Contributor address; City; State; Zip Code San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 11/18/2024 \$1,000.00 Toyota Motor North America, Inc PAC Toyota/Lexus PAC Contributor address; City; State; Zip Code Washington, DC 20004 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: 24/26 Rpt: 27/76 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 (\$) 12/02/2024 Txana 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) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/02/2024 \$1,000.00 Txta TruckPAC Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/05/2024 Union PACific Corporation Fund For Effective Government \$3,000.00 Contributor address; City; State; Zip Code Washington, DC 20004 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/06/2024 Valero Political Action Committee \$2,500.00 Contributor address; City; State; Zip Code San Antonio, TX 78269 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) \$2,000.00 12/02/2024 Verizon Communications Inc. Good Government Club - Texas 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: 25/26 Rpt: 28/76 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 (\$) 12/02/2024 Veterinarian Political Action Committee \$500.00 6 Contributor address; City; State; Zip Code Austin, TX 78754 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/13/2024 Veterinarian Political Action Committee \$500.00 Contributor address; City; State; Zip Code Austin, TX 78754 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/13/2024 WalPAC For Responsible Government Political Action Committee \$1,000.00 Contributor address; City; State; Zip Code Bentonville, AR 72716 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/02/2024 \$500.00 Warren, T. Kevin Contributor address; City; State; Zip Code Dripping Springs, TX 78620 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/05/2024 Weekley, Richard \$2,500.00 Contributor address; City; State; Zip Code Houston, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner Weekley Properties

SCHEDULE A1

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	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 26/26 Rpt: 29/76		
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
		onna Campbell		00068678	,	
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/05/2024	Weisman, John				\$25,000.00
		6 Contributor address; City; State; Zip Code		1		
		New Braunfels, TX 78132				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Owner		Hunter Industries			
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/12/2024	Whipple, Max				\$250.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77007				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Affordable H	ousing Development	The NRP Group			
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/02/2024	Wholesale Beer Distributors Of Texas Political A				\$1,500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢1 000 00
	12/02/2024					\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	i incipal occu			,		
	Date	Full name of contributor Out-of-state PAC (ID#:	λ.	Г	Amount of Contribution (\$)	
	11/20/2024	Full name of contributor out-of-state PAC (ID#: Zachry Corporation Political Action Committee)		Amount of Contribution (\$)	\$2,500.00
	11/20/2024	Contributor address; City; State; Zip Code	1		Ψ2,000.00	
		Contributor address, City, State, Zip Code				
		San Antonio, TX 78265				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•	-		

	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 Trans Food/Beverage Expense Polling Expense Trave - Gift/Awards/Memorials Expense Printing Expense Trave					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 FILE	R NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 1/15 Rpt: 30/76		nds of Donna Campbell					00068678	
4	Date 11/01/2024		e name royd, Daniel						
6	Amount (\$) \$150.00	 Payee address; City; State; Zip Code 6405 Canestoga Wagon Way Dell Valle, TX 78617 							
8	PURPOSE OF EXPENDITURE	Salaries/Mages/Contract Labor						, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	Of	fice soug	ht		Office held	
	Date	Paye	e name						
	12/01/2024	Ake	royd						
	Amount (\$) \$150.00	640	e address; City; 5 Canestoga Wagon Way Valle, TX 78617	State;	Zip Cod	e			
	PURPOSE OF EXPENDITURE	OF Salaries/Mages/Contract Labor					, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	5					Office held		
	Date	Paye	e name						
	11/04/2024		erican Express						
	Amount (\$) \$3,166.37	-	e address; City; Box 650448	State;	Zip Cod	e			
		Dall	as, TX 75265						
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the to lit Card Payment	op of this schec	dule) (Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense it Card Payment	
	Complete ONLY if direct expenditure to benefit C/OF		date/Officeholder name	Of	fice soug	ht		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 Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr By - Gift/Awards/Memorials Expense Printing Expense Tr					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: 2/15 Rpt: 31/76		Friends of Donna Campbell					00068678			
4	Date 12/04/2024		^p ayee name American Express								
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	le					
	\$1,974.11		PO Box 650448 Dallas, TX 75265								
8	PURPOSE OF EXPENDITURE	F Credit Card Payment Cred						, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held			
	Date		Payee name								
	10/31/2024		Anedot								
	Amount (\$) \$19.80		Payee address; City; L340 Poydras St Ste 1770 New Orleans, LA 70112	State;	; Zip Coo	le					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to	pp of this sch	edule)	Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense :hant Account Fees			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought			ht	: Office held				
	Date		Payee name								
	11/06/2024		Anedot								
	Amount (\$) \$19.80		Payee address; City; L340 Poydras St Ste 1770	State	; Zip Coo	le					
			New Orleans, LA 70112								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to	pp of this sch	iedule)	Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense :hant Account Fees			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Dffice sou	ht		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 E Gift/Awards/Memu nittee Legal Services The Instructio	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:	ILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 3/15 Rpt: 32/76	-riends of Donna Camp	bell		00068678			
4	Date 11/06/2024	Payee name Anedot						
6	Amount (\$) \$21.08	Payee address; City; L340 Poydras St Ste 17 New Orleans, LA 70112		Code				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder nam	e Office s	sought	Office held			
	Date	Payee name						
	11/08/2024	Anedot						
	Amount (\$) \$39.30	Payee address; City; L340 Poydras St Ste 17 New Orleans, LA 70112		Code				
	PURPOSE OF EXPENDITURE	Category (See Categories liste	d at the top of this schedule)	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ierchant Account Fees			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder nam	e Office s	sought	Office held			
	Date	Payee name						
	11/18/2024	Anedot						
	Amount (\$) \$234.60	Payee address; City; 1340 Poydras St Ste 17	State; Zip 70	Code				
		New Orleans, LA 70112		i				
	PURPOSE OF EXPENDITURE	Category (See Categories liste -ees	d at the top of this schedule)	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ierchant Account Fees			
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder nam	e Office s	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 Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T y - Gift/Awards/Memorials Expense Printing Expense T					Iraising Expense iquipment & Related Expense strict category not listed above)	
1	Total pages Schedule F1:	FILER NAME				3 Filer ID	(Ethics Commission Filers)	
	Sch: 4/15 Rpt: 33/76	Friends of Don	na Campbell			00068678		
4	Date 11/20/2024	Payee name Anedot						
6	Amount (\$) \$39.30	Payee address; 1340 Poydras s New Orleans, L	St Ste 1770	State; Zip Co	ode			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description 						expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho	older name	Office sou	ught	Office he	əld	
	Date	Payee name						
	11/27/2024	Anedot						
	Amount (\$) \$10.05	Payee address; 1340 Poydras S New Orleans, L	St Ste 1770	State; Zip Co	ode			
	PURPOSE OF EXPENDITURE	Category _{(See Ca} Fees	tegories listed at the top of	this schedule)	Check if Austir	outside of Texas. Com n, TX, officeholder living erchant Accour	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho	older name	Office sou	ıght	Office he	eld	
	Date	Payee name						
	12/06/2024	Anedot						
	Amount (\$) \$19.80	Payee address; 1340 Poydras \$		State; Zip Co	ode			
		New Orleans, L	A 70112		İ.e.			
	PURPOSE OF EXPENDITURE	Category _{(See Ca} Fees	tegories listed at the top of	this schedule)	Check if Austir	outside of Texas. Com n, TX, officeholder living lerchant Accour	expense	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeho	older name	Office sou	ıght	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/Reimbur Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract I	Kpense Transportation Equipment & Related Expense Travel in District Travel Out of 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: 5/15 Rpt: 34/76	Friends of Donna Campbell	00068678					
4	Date 12/10/2024	Payee name Anedot						
6	Amount (\$) \$195.60	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112						
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/12/2024	Anedot						
	Amount (\$) \$78.30	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112						
	PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense aign Merchant Account Fees					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/18/2024	Anedot						
	Amount (\$) \$390.45	Payee address;City;State;Zip Code1340 Poydras St Ste 1770						
		New Orleans, LA 70112						
	PURPOSE OF EXPENDITURE		ttion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense aign Merchant Account 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	/ - Il Comr	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/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 F	ILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 6/15 Rpt: 35/76		riends of Donna Campbell				00068678	
4	Date 11/01/2024		Payee name Birdwell, Shane					
6	Amount (\$) \$500.00	2	vayee address; City; State; 2 2309 Chipotle Pass Spicewood, TX 78669	Zip Cod	9			
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Indidate/Officeholder name Offi	ice sougl	nt		Office held	
	Date	F	Payee name					
	12/01/2024	E	Birdwell, Shane					
	Amount (\$) \$500.00		Payee address; City; State; 2 2309 Chipotle Pass	Zip Cod	<u>Ş</u>			
	DUDDOSE		Spicewood, TX 78669					
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor					officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name Offi	ice soug	nt		Office held	
	Date	F	ayee name					
	11/01/2024	E	Blakemore & Associates					
	Amount (\$) \$2,500.00		vayee address; City; State; 2 . E Greenway Plaza Ste 225	Zip Cod	2			
		ŀ	louston, TX 77046	i-				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Consulting Expense	ule) (, тх,	de of Texas. Complete Schedule T. officeholder living expense ulting Fes	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name Offi	ice soug	nt		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: 7/15 Rpt: 36/76		Friends of Donna Campbell				00068678			
4	Date	5	Payee name							
	12/01/2024		Blakemore & Associates							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$2,500.00		1 E Greenway Plaza Ste 225							
			Houston, TX 77046							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description					
	OF EXPENDITURE		Consulting Expense				de of Texas. Complete Schedule T.			
							officeholder living expense			
					Campaign C	5115	uting res			
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held									
	Date		Payee name							
	12/04/2024		Blakemore & Associates							
	Amount (\$) Payee address; City; State; Zip Code									
	\$4,000.00	1 E Greenway Plaza Ste 225								
			Houston, TX 77046							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Solicitation/Fundraising Expense	dule)			de of Texas. Complete Schedule T. officeholder living expense			
					Campaign Fi		÷ ,			
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Of	eholder name Office sought			Office held			
	Date		Payee name							
	10/29/2024		Case Hall & Company							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$4,666.97		1 E Greenway Plaza Ste 225							
			Houston, TX 77046							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description		de ef Teures, Complete Schedule, T			
	EXPENDITURE		Advertising Expense				de of Texas. Complete Schedule T. , officeholder living expense			
					Campaign Te					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Of	ffice souç	ht		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: 8/15 Rpt: 37/76	Friends of Donna Campbell	00068678					
4	Date	5 Payee name						
	11/01/2024	Case Hall & Company						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$3,477.44	1 E Greenway Plaza Ste 225 Houston, TX 77046						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense xt Messaging					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/06/2024	Case Hall & Company						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$6,356.83	1 E Greenway Plaza Ste 225 Houston, TX 77046						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense xt Messaging					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/04/2024	Cates, Beckie						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$3,000.00	51 Ranch House Loop						
		Angleton, TX 77515						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ntract 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 Legal Services The Instruction Guide explains F	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	//Rental Expense Transportation Equipment & Related Expens e Travel in District e Travel Out of District //Contract Labor OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)	
-	Sch: 9/15 Rpt: 38/76		Friends of Donna Campbell			ľ	00068678	
4	Date 11/20/2024		Payee name Chase Bank					
6	Amount (\$) \$1,021.06		7 Payee address; City; State; Zip Code PO Box 15123 Dallas, TX 75265					
8	PURPOSE OF EXPENDITURE	OF Credit Card Payment Credit Card Payment					officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Iht		Office held	
	Date		Payee name					
	12/20/2024		Chase Bank					
	Amount (\$) \$863.29		Payee address; City; State; PO Box 15123 Dallas, TX 75265	Zip Co	le			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Credit Card Payment	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense it Card Payment	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	office sou	Jht		Office held	
	Date		Payee name					
	11/01/2024		Guadalupe County Republican Women	ı				
	Amount (\$) \$20.00		Payee address; City; State; PO Box 176	Zip Co	le			
			Seguin, TX 78156					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C)ffice sou	Jht		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 Legal Services The Instruction Guide explai	Office C Polling Printing Salaries	Overhea Expens Expen Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expen 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: 10/15 Rpt: 39/76		Friends of Donna Campbell					00068678	
4	Date	5	Payee name						
	11/01/2024		Hogue, Richard						
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip C	Code				
	\$1,200.00		6125 Stonegate Place						
			Edmond, OK 73025						
8	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b)	Description			
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T. officeholder living expense	
						Campaign Co			
						1 0			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	bught			Office held	
	Date		Payee name						
	12/01/2024		Hogue, Richard						
	Amount (\$)		Payee address; City; Sta	ate; Zip C	Code				
	\$1,200.00		6125 Stonegate Place	•					
			5						
			Edmond, OK 73025						
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T.	
						Campaign Co		officeholder living expense	
						Campaign C	onti		
	Complete ONLY if direct		andidate/Officeholder name	Office so	 ouaht			Office held	
	expenditure to benefit C/OI	Η			3				
-	Date		Payee name						
	12/01/2024		Konopaske, Nick						
	Amount (\$)		Payee address; City; Sta	ate; Zip C	Code				
	\$150.00		637 Haven Pt	· •					
			New Braunfels, TX 78132		_				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T. officeholder living expense	
						Campaign Co			
						Sampaign	5.10		
-	Complete ONLY if direct		andidate/Officeholder name	Office so) uaht			Office held	
	expenditure to benefit C/OI			2	- 9/10				
-									

	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)				
•	Sch: 11/15 Rpt: 40/76	Friends of Donna Campbell	00068678				
4	Date 11/01/2024	5 Payee name Morales, Jim					
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 207 Pendent Dr Liberty Hill, TX 78642					
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense tract Labor				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	12/01/2024	Morales, Jim					
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 207 Pendent Dr					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense tract Labor				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	11/01/2024	Ramirez, Julieta					
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 14 Eagle Creek Dr					
		Kyle, TX 78640					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense tract Labor				
	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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	erhead pense xpense 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 Filers)
	Sch: 12/15 Rpt: 41/76		Friends of Donna Campbell					00068678
4	Date	5	Payee name					
	12/01/2024		Ramirez, Julieta					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode			
	\$500.00		14 Eagle Creek Dr					
			Kyle, TX 78640					
8	PURPOSE OF		Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T. , officeholder living expense
						Campaign Co		
						oumpaign or	5110	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	l Ight			Office held
	Date		Payee name					
	12/05/2024		Right Lists Of Texas					
	Amount (\$)		Payee address; City; State	e; Zip Co	ode			
	\$1,250.00		1 E Greenway Plaza Ste 225	, , ,				
	+_,							
			Houston, TX 77046					
	PURPOSE OF		Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T. officeholder living expense
						Campaign Co		
						oumpaign or	5110	
	Complete ONLY if direct		andidate/Officeholder name	Office sou	l Ight			Office held
	expenditure to benefit C/OI	Н			0			
	Date	<u> </u>	Payee name					
	11/01/2024		Ryan Data And Research					
	Amount (\$)			e; Zip Co	nde			
	\$500.00		PO Box 202675	, <u>Lip</u> 00				
	\$000.00							
			Austin, TX 78720					
	PURPOSE OF		Category (See Categories listed at the top of this sc	hedule)	(b)	Description	ou+-'	de of Toylog, Complete Sale duits T
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T. officeholder living expense
						Campaign Re		
-	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI		· · · -		5 -			
-								

	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 Transmitter Food/Beverage Expense Polling Expense Transmitter By - Gift/Awards/Memorials Expense Printing Expense Transmitter					Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 13/15 Rpt: 42/76		Friends of Donna	a Campbell					00068678	
4	Date		Payee name							
	11/04/2024		Senate Ladies C	lub						
6	Amount (\$)		Payee address;	City;	State;	Zip Co	de			
	\$50.00		PO Box 12068							
			Austin, TX 78712	L						
8	PURPOSE	(a)	Category (See Cate	gories listed at the top	of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead	Rental Expens	se				de of Texas. Com	
									officeholder living	expense
							Campaign D	ues		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officehol	der name	C	Dffice sou	Jht		Office he	əld
	Date		Payee name							
	12/06/2024		Senate Ladies C	lub						
	Amount (\$)		Payee address;	City;	State;	Zip Co	de			
	\$2,750.00		PO Box 12068							
			Austin, TX 7871							
	PURPOSE OF		Category (See Cate			edule)	(b) Description			alata Oshadula T
	EXPENDITURE		Contributions/Do Candidate/Office			ittee			de of Texas. Com officeholder living	
			Candidate/Onice	noidenr oiliteai	Comm	iittee	Contribution	.,,		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officehol	der name	C	Office sou	yht		Office he	eld
	Date		Payee name							
	11/14/2024		Texas Senate							
	Amount (\$)		Payee address;	City;	State;	Zip Co	de			
	\$267.00		PO Box 12068							
			Austin, TX 78712	L						
	PURPOSE OF		Category (See Cate			edule)	(b) Description	aut-'	de ef Teurs - O	nlata Cabadula T
	EXPENDITURE		Gift/Awards/Men	norials Expense	e				de of Texas. Com officeholder living	
							Campaign Fl			
							Campaignin	~9J		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officehol	der name	C	Office sou	pht		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 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:	· · ·	3 Filer ID (Ethics Commission Filers)				
1	Sch: 14/15 Rpt: 43/76	Friends of Donna Campbell	00068678				
4	Date 11/01/2024	Payee name Weber, Sonya					
6	Amount (\$) \$150.00	Payee address; City; State; Zip Code 236 Forest Trail New Braunfels, TX 78132					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , 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					
	12/01/2024	Weber, Sonya					
	Amount (\$) Payee address; City; State; Zip Code \$150.00 236 Forest Trail						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Dntract Labor				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	11/01/2024	Yanuzzi, Joyce					
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 2059 Cowan Drive					
		New Braunfels, TX 78132					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Dntract 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 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:		3 Filer ID (Ethics Commission Filers)
-	Sch: 15/15 Rpt: 44/76	Friends of Donna Campbell	00068678
4	Date 11/04/2024	Payee name Yanuzzi, Joyce	
6	Amount (\$) \$433.00	Payee address; City; State; Zip Code 2059 Cowan Drive New Braunfels, TX 78132	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , 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	
	12/01/2024	Yanuzzi, Joyce	
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 2059 Cowan Drive	
	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	
	12/13/2024	Yanuzzi, Joyce	
	Amount (\$) \$156.00	Payee address;City;State;Zip Code2059 Cowan Drive	
		New Braunfels, TX 78132	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense aff Mileage
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

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	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a catego	ent & Related I				
	The Inst	ruction Guide explains he	ow to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)			
Sch: 1/31 Rpt: 45/76	Friends of Donna C	ampbell		00068678					
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZI						
ISSUER	America	n Express		EXPENDITURES CHARGED TO A CREDIT CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
	\$26.35	12/30/2024							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Wimberley Area Re	publican	13501 Ranch Rd 12, S	Ste 104-I					
			Wimberley, TX 78676						
8 PURPOSE OF	(a) Category		(b) Description						
	(See Categories listed at the top Office Overhead/Rent	,	Campaign Dues						
X Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	Check if Austin	, TX, officeholder living ex	pense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	fice sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 12/04/2024	suer Paid					
	\$60.00	10/28/2024	12/04/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	T. 0.11		25 Pearl St						
	Top Golf								
			Portland, ME 04101						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	Gift/Awards/Memorial		Campaign Constituent Gifts						
X Political									
Non-Political		of Texas. Complete Schedule 1		, TX, officeholder living ex	pense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Of	fice sought	Office held					
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
			12/04/2024						
	\$14.00	10/29/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
			1308 Cmn St	0.0),	otato,	p 0000			
	New Braunfels Ship	pping							
			New Braunfels, TX 782	130-3557					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Shipping Ch	harges					
X Political		ai Lypense							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	Check if Austin	, TX, officeholder living ex	pense				
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held					
expenditure to benefit C/OH									

EXPENDITURE CATEGORIES FOR BOX 10(a) Expenditure Transmission Statistical parameters Statis Statistical parameters Statis										
1 Total pages Schedule F4. 2 Filer ID (Ethics Commiss 00068678 3 Friends of Donna Campbell 00068678 4 CREDIT CARD Name of financial institution see previous 5 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT \$ 6 PAYMENT (a) Amount Charged (b) Date of Charge 10/29/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 7 PAYEE (a) Payee name (b) Payee address; Cliy, State, 646 South Flores St 8 PURPOSE OF EXPENDITURE (a) Category [be: Cleargene steal at the two of this schedule; C/OH (b) Description District Office Supplies District Office Supplies District Office Supplies DNLY if direct exapproximate to benefit C/OH Office Overthead/Rential Expense (b) Dayee address; Cliy, State, 452 Fm 306 9 Omplete DNLY if direct exapports (addee) Office sought (c) Date(s) Credit Card Issuer Paid 12/04/2024 PAYEE (a) Category [be: Camports exapports (addee) Office sought (b) Payee address; Cliy, State, 452 Fm 306 PORPOSE OF Expenditure to benefit C/OH (a) Amount Charged (b) Date of Charge 12/04/2024 (b) Description Cardibater Ming expense Virgenditure to benefit C/OH (a) Category [be: Cloargen Streage Chertal Expense (b) Payee address; Cliy, State, 452 Fm 306 PORPOSE OF Expenditure to benefit C/OH </th <th></th> <th>Accounting/Banking Consulting Expense Contributions/ Donations Made By</th> <th>Event Ex Fees Food/Bev - Gift/Awar I Committee Legal Set</th> <th>pense verage Expense ds/Memorials Expense vices</th> <th>Loan Repayment/Reimbursemeni Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor</th> <th>Transportation Equipr Travel in District Travel Out of District</th> <th>ment & Related I</th> <th></th>		Accounting/Banking Consulting Expense Contributions/ Donations Made By	Event Ex Fees Food/Bev - Gift/Awar I Committee Legal Set	pense verage Expense ds/Memorials Expense vices	Loan Repayment/Reimbursemeni Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipr Travel in District Travel Out of District	ment & Related I			
Sch: 2/31 Rp: 46/76 Friends of Donna Campbell 00068678 4 CREDIT CARD ISUER Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURE 5 6 PAYMENT (a) Amount Charged \$53.49 (b) Date of Charge 10/29/2024 5 Credit Card Issuer Paid 12/04/2027 5 7 PAYEE (a) Payee name HEB (b) Payee address; 646 South Flores St City, State, 646 South Flores St 8 PURPOSE OF EXPENDITURE (a) Category Clear Campbing Isseed at here up of this schedule) (D) Complete ONLY if direct Candidate/Officeholder name Office Overhead/Rental Expense Office Fuel (b) Payee address; Candidate/Officeholder name Office Sought City, State, 452 Fm 306 9 Complete ONLY if direct expenditure to benefit C/OH (a) Amount Charged S242.00 (b) Date of Charge 10/31/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 PAYEE (a) Payee name Lockaway Storage (b) Payee address; City, State, 452 Fm 306 City, State, 452 Fm 306 PURPOSE OF EXPENDITURE (a) Category (Cite Cuerthead/Rental Expense (b) Description Campaign Storage Rental Office held 9 Conglete DNLY if direct expenditure to benefit C/OH (a) Category (Cite Cuerthead/Rental Expense (b) Description Campaign Storage Rental (c) Date(s) Credit Card Issuer Paid 12/04/2024 PAYEE (a) Category (Cite Cuerthead/Rental Exp				truction Guide explains n	ow to complete this form.					
4 CREDIT CARD ISSUER Name of financial institution see previous 5 TOTAL OF UNITEMIZED CHARGED TO A CREDIT CARD 5 6 PAYMENT (a) Amount Charged \$53.49 (b) Date of Charge 10/29/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 7 PAYEE (a) Payee name HEB (b) Payee address; (c) Category (see categores listed at the top of this schedule) Office Overhead/Rental Expense (b) Payee address; (c) Category (see categores listed at the top of this schedule) Office Overhead/Rental Expense (b) Description District Office Supplies 7 PAYEE (a) Category (see categores listed at the top of this schedule) Office Overhead/Rental Expense (b) Description District Office Supplies 8 PURPOSE OF EXPENDITURE (c) Category (see categores listed at the top of this schedule) Office holder name (b) Description District Office Supplies 9 Complete DMLY if direct Lock # Austin TX efficanties reads schedule (c) Date(s) Credit Card Issuer Paid 10/31/2024 Office held PAYEE (a) Amount Charged S242.00 (b) Date of Charge 10/31/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 City, State, 452 Fm 306 PAYEE (a) Category (see categores listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Campaign Storage Rental (c) Check # travef dustet of texes. Camplete Schedule T. Complete DMLY if direct VerbenD	1									
SSUER See previous EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 PAYMENT (a) Amount Charged \$53.49 (b) Date of Charge 10/29/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 7 PAYEE (a) Payee name HEB (b) Payee address; 646 South Flores St City, State, 646 South Flores St 8 PURPOSE OF EXPENDITURE (a) Category (see categories listed at he top of this schedule) Office Overhead/Rental Expense (b) Description District Office Supplies 9 Complete QMLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held PAYEE (a) Payee name (a) Amount Charged to Date of Charge s242.00 (b) Date of Charge 10/31/2024 City, State, 452 Fm 306 PAYEE (a) Amount Charged S242.00 (b) Date of Charge 10/31/2024 (c) Date/S1 Credit Card Issuer Paid 12/04/2024 PAYEE (a) Category (see categories listed at he top of this schedule) Office Overhead/Rental Expense (b) Date/S1 Credit Card Issuer Paid 12/04/2024 City, State, 452 Fm 306 PURPOSE OF EXPENDITURE (a) Category (see categories listed at he top of this schedule) Office Overhead/Rental Expense (b) Description Camplete Schedule T City, State, 452 Fm 306 Complete OMLY if direct Category (see categories listed at he top of this schedule) Office Overhead/Rental Expense		Sch: 2/31 Rpt: 46/76	Friends of Donna	Campbell		00068678				
See previous CHARGED TO A CREDIT 6 PAYMENT (a) Amount Charged \$53.49 (b) Date of Charge 10/29/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 7 PAYEE (a) Payee name HEB (b) Payee address; 646 South Flores St City, State, 646 South Flores St 8 PURPOSE OF EXPENDITURE (a) Category (b) Category (b) Description 0 Office Overhead/Rental Expense (b) Description District Office Supplies 9 Complete DNLX if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held 9 Complete DNLX if direct expenditure to benefit C/OH (a) Amount Charged \$242.00 (b) Date of Charge 10/31/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 PAYEE (a) Payee name Lockaway Storage (b) Date of Charge 10/31/2024 (b) Payee address; City, State, 452 Fm 306 VENPOSE OF EXPENDITURE (a) Payee name Lockaway Storage (b) Date of Charge 10/31/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 PAYEE (a) Payee name Lockaway Storage (b) Date of Charge (b) Payee address; City, State, 452 Fm 306 (c) Category Issee Cardidate/Officeholder name (b) Date of Charge 12/04/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 PAYMENT (a) Amou	4		Name of fina	ancial institution						
7 PAYEE (a) Payee name (b) Payee address; City, State, 8 PURPOSE OF EXPENDITURE (a) Category (b) Description District Office Supplies 9 Omplete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office overhead/Rential Expense (c) Date of Charge 10/31/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 PAYEE (a) Category (c) Quescription (b) Date of Charge 10/31/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 Office overhead/Rential Expense PAYEE (a) Category (c) Candidate/Officeholder name (b) Date of Charge 10/31/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 PAYEE (a) Payee name Lockaway Storage (b) Payee address; City, State, 452 Fm 306 City, State, 452 Fm 306 PURPOSE OF EXPENDITURE (a) Category (c) Cate it travel outside of Travel (b) Description Campaign Storage Rental (c) Description Campaign Storage Rental PURPOSE OF EXPENDITURE (a) Amount Charged (b) Date of Charge 10/31/2024 (b) Description Campaign Storage Rental PAYEE (a) Annount Charged s119.41 (b) Date of Charge 10/31/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 PAYMENT (a) Category (c) Cacket it avel outside of Travel cachedule T. Cardidate/Officeholder name Cfice Sought PAYMENT (a) Category (c) Cacket it avel outside of Travel cachedule Schedule)		ISSUER	see r	previous	CHARGED TO A					
HEB 646 South Flores St 8 PURPOSE OF EXPENDITURE (a) Category (the categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description District Office Supplies 9 Complete DNLY, if direct expenditure to benefit C/OH (a) Amount Charged \$242.00 (b) Date of Charge 12/04/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 PAYEE (a) Payee name Lockaway Storage (b) Date of this schedule T. (c) Date(s) Credit Card Issuer Paid 12/04/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Payee address; City, State, 452 Fm 306 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Campaign Storage Rental Office DNLY, if direct expenditure to benefit C/OH (c) Cleck if ravel cutated of Texas. Complete Schedule T. Complete ONLY, if direct Check if ravel cutated of Texas. Complete Schedule T. Complete ONLY, if direct Candidate/Officeholder name Office sought Office held PAYEE (a) Amount Charged S119.41 (b) Date of Charge S119.41 (b) Date of Charge Schedule T. Complete ONLY, if direct (c) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Payee address; City, State, 464 South Flores St San Antonio, TX 78204 <tr< th=""><th>6</th><th>PAYMENT</th><th></th><th></th><th></th><th>rd Issuer Paid</th><th></th><th></th></tr<>	6	PAYMENT				rd Issuer Paid				
HEB San Antonio, TX 78204 8 PURPOSE OF EXPENDITURE (a) Category (dec Categories listed at the tap of this schedule) (b) Description District Office Overhead/Rental Expense (b) Description District Office Supplies 9 Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office ought Office held PAYMENT (a) Amount Charged s242.00 (b) Date of Charge 10/31/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 Cardidate/Officeholder Issuer Paid 12/04/2024 PAYEE (a) Payee name Lockaway Storage (b) Payee address; (C) Description City, State, 452 Fm 306 Vertex (a) Category (d) Description Campaign Storage Rental Office ought Office held PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Campaign Storage Rental Campaign Storage Rental PURPOSE OF EXPENDITURE (a) Amount Charged S119.41 (b) Date of Charge 10/31/2024 (c) Deteck if Austin, TX, officeholder Iwing expense PAYEE (a) Amount Charged S119.41 (b) Date of Charge 10/31/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 PAYEE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Dat	7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE (a) Category (b) Cate Classophies Isted at the top of this schedule) Office OVEHead/Rental Expense (b) Description District Office Supplies 9 Complete ONLY if direct expenditure to benefit C/OH (c)					646 South Flores	St				
8 PURPOSE OF EXPENDITURE (a) Category (be Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description District Office Supplies 9 Complete QNLY if direct expenditure to benefit C/OH (c) □ check if avere outside of Texas. Complete Schedule T. Candidate/Officeholder name Office Sought Office held PAYMENT (a) Amount Charged \$242.00 (b) Date of Charge 10/31/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 PAYEE (a) Payee name Lockaway Storage (b) Payee address; City, State, 452 Fm 306 City, State, 452 Fm 306 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Campaign Storage Rental PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Campaign Storage Rental PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Political Office held Mon-Political (c) □ check if numel outside of Toxas. Complete Schedule T. (b) Description Check if Austin, TX, officeholder living expense PAYMENT (a) Amount Charged \$119.41 (b) Date of Charge 10/31/2024 (c) Date(s) Credit Card Issuer Paid 12/04/2024 PAYEE (a) Payee name HEB (b) Payee address; San Antonio, TX 78204 City,			HEB							
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Forms provided by Texas Ethics Commission

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve y - Gift/Award	ense erage Expense s/Memorials Expense	RIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipn Travel in District Travel Out of District OTHER (enter a cate	ment & Related I			
		The Inst	ruction Guide explains	how to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	sion Filers)		
	Sch: 3/31 Rpt: 47/76	Friends of Donna C	Campbell		00068678				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A C CARD	\$				
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7	PAYEE	(a) Payee name New Braunfels Ship	oping	(b) Payee address; 1308 Cmn St	City,	State,	Zip Code		
Ļ	PURPOSE OF	(a) Category		New Braunfels, TX	/8130-3557				
8	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		()	(b) Description Campaign Shipping Charges				
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e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name	Office sought	Office held				
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	PAYEE	(a) Payee name AT&T	1	(b) Payee address; 208 South Akard S Dallas, TX 75202-4		State,	Zip Code		
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e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name	Office sought	Office held				
Fo	rms provided by Texas E	thics Commission	www.ethics.	state.tx.us	Ve	rsion V4.1.	0.5dd2ace		

	EXPE	ENDITURE CATEGOR	RIES FOR BOX	10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards	rage Expense s/Memorials Expense	Loan Repayment/F Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co	ental Expense	Transportation Equipr Travel in District Travel Out of District			
	The Instr	ruction Guide explains h	how to complete	this form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commis	sion Filers)	
Sch: 4/31 Rpt: 48/76	Friends of Donna C	ampbell		00068678				
4 CREDIT CARD	Name of finar	ncial institution		OF UNITEMIZ				
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7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
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	New Braunfels Ship	oping						
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			Columbi	Columbia Falls, ME 04623-5305				
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri		harges			
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expenditure to benefit C/OH	<u> </u>							

Forms provided by Texas Ethics Commission

SCHEDULE F4

		EXPI	ENDITURE CATEGOR	RIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		citation/Fundraising E		Typonso			
	Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense s/Memorials Expense	Polling Expense Printing Expense	Trav	el in District vel Out of District		LAPENSE			
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		The Inst	ruction Guide explains h	now to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			:	3 Filer ID (Ethics	s Commiss	ion Filers)			
	Sch: 5/31 Rpt: 49/76	Friends of Donna C	Campbell			00068678					
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZ		•					
	ISSUER	see pr	revious	EXPENDITURES CHARGED TO A CRE		\$					
				CARD							
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer	Paid					
		\$45.23	11/19/2024								
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
				646 South Flores St							
		HEB									
				San Antonio, TX 7820	04						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description							
		Office Overhead/Rent	,	District Office Supplie	es						
	X Political		•								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		in, TX, o	fficeholder living expe	nse				
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held					
e	xpenditure to benefit C/OH		1								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer	Paid					
		\$33.68	11/20/2024								
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
		La Madeline		1201 Barbara Jordan Blvd Bldg 11							
				Austin TV 79722	Austin TV 70700						
	PURPOSE OF	(a) Category		(b) Description	Austin, TX 78723						
	EXPENDITURE	(See Categories listed at the top	,	Capitol Staff Meeting							
	X Political	Food/Beverage Expe	nse								
	Non-Political		of Texas. Complete Schedule		in TV a	ffiachalder living avec	200				
	Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	Office sought	, 17, 0	fficeholder living expe	1150				
e	xpenditure to benefit C/OH					5					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer	Paid					
		\$61.35	11/20/2024								
		Φ01.55	11/20/2024								
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
				2220 North State Hwy	y 360						
		Office Depot									
				Grand Prairie, TX 750	050-1	017					
	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 Austi	in, TX, o	fficeholder living expe	nse				
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held					
e	xpenditure to benefit C/OH										

		EXPE	ENDITURE CATEGOR	RIES 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	Tran Trav Trav	iolicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel 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	3 Filer ID (Eth	ics Commiss	ion Filers)		
	Sch: 6/31 Rpt: 50/76	Friends of Donna C	Campbell		C	00068678				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A C	5	\$				
				CARD						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer F	Paid				
		\$140.62	11/21/2024							
7	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code		
		AT&T		410 Terry Ave N						
				Seattle, WA 98109						
8	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Officeholder Cell Ph	none					
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if A	ustin, TX, of	ficeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held				
e	xpenditure to benefit C/OH		1							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer F	Paid				
		\$12,243.60	11/22/2024							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
				11920 Alterra Pkwy	/		,			
		VRBO								
				Austin, TX 78758						
	PURPOSE OF	(a) Category		(b) Description						
		(See Categories listed at the top Office Overhead/Rent		Officeholder Condo	Rental					
	X Political									
	Non-Political		of Texas. Complete Schedule		ustin, TX, of	ficeholder living ex	pense			
0	Complete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate/Officeholder	r name C	office sought		Office held				
С.		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer F	Paid				
					1350011	alu				
		\$68.20	11/22/2024							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
				1515 North Walnut	Ave					
		Petals To Go								
				New Braunfels, TX	78130					
	PURPOSE OF	(a) Category (See Categories listed at the top	of this school ()	(b) Description						
	EXPENDITURE	Gift/Awards/Memorial	,	Campaign Constituent Gifts						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if A	ustin, TX, of	ficeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder	r name C	office sought		Office held				
e	xpenditure to benefit C/OH									

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Exp Fees Food/Beve y - Gift/Award	erage Expense Is/Memorials Expense	Loan Repayme Office Overhead Polling Expense Printing Expense	nt/Reimbursement d/Rental Expense	Tran Trav Trav	citation/Fundraising isportation Equipme el in District el Out of District IER (enter a categoi	nt & Related	·	
	The Inst	ruction Guide explains	how to comple	ete this form.					
1 Total pages Schedule F4:	2 FILER NAME					B Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 7/31 Rpt: 51/76	Friends of Donna C	Campbell				00068678			
4 CREDIT CARD	Name of fina	ncial institution		AL OF UNITEMIZE					
ISSUER	see p	revious	CHA	EXPENDITURES \$ CHARGED TO A CREDIT CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date	e(s) Credit Card Iss	suer F	Paid			
	\$285.77	11/22/2024							
7 PAYEE	(a) Payee name		(b) Pay	ee address;		City,	State,	Zip Cod	
				Fiesta Texas Dr	[.] Bldo			•	
	J. Alexander's					5 -			
			San A	ntonio, TX 78256	6				
8 PURPOSE OF	(a) Category		(b) Des		-				
EXPENDITURE	(See Categories listed at the top	,	• •	t Staff Meeting					
X Political	Food/Beverage Expe	nse		-					
Non-Political		-f.T			T)(- f	16 - 15 - in			
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedul	e I. Office sought	Check if Austin,	, IX, of	ficeholder living exp	ense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Oniceholder					Onice held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date	e(s) Credit Card Iss	suer F	Paid			
	\$20.00	11/23/2024							
PAYEE	(a) Payee name		(b) Pay	ee address;		City,	State,	Zip Cod	
			ast Commerce S	t			·		
	Casino St Parking								
PURPOSE OF	(a) Category			San Antonio, TX 78205-2629 (b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)		aign Staff Parkin	n				
V Dolition	Transportation Equip	ment And Related	Campo	aigh Stail i aikin	y				
X Political	Expense								
Non-Political		of Texas. Complete Schedul		Check if Austin,	, TX, of	ficeholder living exp	ense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name (Office sought			Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date	e(s) Credit Card Iss	suer F	Paid			
	\$19.99	11/24/2024							
PAYEE	(a) Payee name	1	(b) Pay	ee address;		City,	State,	Zip Cod	
				Nd Ave Northsuit	e 30	0			
	Metropolis Parking								
			Nashv	Nashville, TN 37201					
PURPOSE OF	(a) Category		(b) Des						
EXPENDITURE	(See Categories listed at the top		Campa	aign Staff Parkin	g				
X Political	Transportation Equip	ment And Related							
Non-Political		of Texas. Complete Schedul	<u>е</u> т	Check if Austin	TX of	ficeholder living exp	ense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought		, .,, 0	Office held			
expenditure to benefit C/OH			Jought						
	<u> </u>								
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Forms provided by Texas Ethics Commission

SCHEDULE F4

Zip Code

Zip Code

Zip Code

		EXPE		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/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	ental Expense Tr Tr Tr	Solicitation/Fundraising Expense ransportation Equipment & Related Expens ravel in District ravel Out of District DTHER (enter a category not listed above)				
	Candidate/Officenoider/Politica	5	ruction Guide explains h	-		THER (enter a categor	y not listed al	Jove)		
1	Total pages Schedule F4:	2 FILER NAME		· ·		3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 8/31 Rpt: 52/76	Friends of Donna C	Campbell			00068678				
4	CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED					
	ISSUER	see pi	revious		DITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
		\$83.45	11/26/2024							
7	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
		USPS		555 Rebe	el Rd					
				Kyle, TX	Kyle, TX 78640					
8	PURPOSE OF	(a) Category		(b) Descrip						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Campaig	n Postage and S	Shipping				
	X Political	Childe Overhead/reen								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		Check if Austin, TX,	, officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought		Office held				
e	xpenditure to benefit C/OH					- Daid				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Pald				
		\$14.00	11/26/2024							
	PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code		
		New Braunfels Ship	aning	1308 Cm	in St					
		New Braumers Ship	oping	Now Prountale TV 70120 2557						
	PURPOSE OF	(a) Category		New Braunfels, TX 78130-3557						
	EXPENDITURE	(See Categories listed at the top	of this schedule)		(b) Description Campaign Shipping Charges					
	X Political	Office Overhead/Rent	tal Expense	1	- FF 3	0				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T.	Check if Austin, TX,	, officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Of	fice 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				
		\$242.00	11/30/2024							
	PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code		
		Leakeway Ctarage		452 Fm 3	306					
		Lockaway Storage								
					unfels, TX 78130)				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion In Storage Renta	1				
	X Political	Office Overhead/Rent	tal Expense	Campaig	etorage rtenta					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule			, officeholder living exp	ense			
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	fice sought		Office held				
e	xpenditure to benefit C/OH			-						

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Exp Transportation Equipment &		vronso			
	Consulting Expense	Food/Beve	rage Expense	Polling Expense	Travel in District	k Relateu E	spense			
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category n	ot listed at	iove)			
			ruction Guide explains h	now to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	ion Filers)			
	Sch: 9/31 Rpt: 53/76	Friends of Donna C	ampbell		00068678					
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE						
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREI	SIT \$					
				CARD						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid					
		\$180.00	12/02/2024							
		\$100.00	12/02/2024							
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
				10000 Washington Blv		,				
		Speakflow.com								
				Culver City, CA 90232						
8	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top		Campaign Teleprompte	er Software					
	X Political	Construction Office Overhead/Rental Expense								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		TX, officeholder living expension	20				
9	Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	office sought	Office held	50				
	expenditure to benefit C/OH									
⊢	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid					
		\$16.60	12/04/2024							
		¢10.00	12/04/2024							
⊢	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
				3805 Lariat Way						
		The UPS Store								
				New Braunfels, TX 78132						
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	,	Campaign Shipping Ch	narges					
	X Political	Office Overhead/Ren	lai Experise							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expension	se				
	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 Iss	suer Paid					
		\$59.88	12/04/2024							
⊢	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
				Cypress 3Rd 646 S Ma	ain Ave					
		HEB								
				San Antonio, TX 78204	1					
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top		Capitol Office Supplies	;					
	X Political	Office Overhead/Ren								
	☐ Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expension	se				
⊢	Complete <u>ONLY</u> if direct	Candidate/Officeholder		office sought	Office held					
е	xpenditure to benefit C/OH			-						
L	-									

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundra	aising Expense uipment & Related	Evnonco		
	Consulting Expense	Food/Beve	erage Expense	Polling Expense	Travel in District		Expense		
	Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Legal Serv	s/Memorials Expense rices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of Dist OTHER (enter a c	rict ategory not listed a	bove)		
			ruction Guide explains h	now to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID	(Ethics Commiss	sion Filers)		
	Sch: 10/31 Rpt: 54/76	Friends of Donna C	Campbell		00068678	3			
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ					
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRE	\$				
				CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
		\$92.73	12/04/2024						
		φ32.10	12/04/2024						
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State.	Zip Code		
				17130 Texas 46	3 /		•		
		Devine Wine Bar							
				Spring Branch, TX 780	070				
8	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top		District Office Meeting					
	X Political	Food/Beverage Expense							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		, TX, officeholder livi				
9		Candidate/Officeholder	ffice sought	Office hel					
	expenditure to benefit C/OH	Canalate, Chiecholder			Office field	ŭ			
⊢	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
		\$454.65	12/05/2024						
		φ404.00	12/05/2024						
-	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		()		1400 North Congress	-	,			
		Capitol Gift Shop							
				Austin, TX 78701					
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top		Campaign Constituent	Gifts				
	X Political	Gift/Awards/Memorial	is Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin	, TX, officeholder livi	na expense			
-	Complete <u>ONLY</u> if direct	Candidate/Officeholder		office sought	Office hel				
e	expenditure to benefit C/OH			0					
⊢	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
		\$73.61	12/05/2024						
		Φ73.01	12/03/2024						
_	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		()		1515 North Walnut Ave		,			
		Petals To Go			0				
I				New Braunfels, TX 782	130				
⊢	PURPOSE OF	(a) Category		(b) Description	· -				
	EXPENDITURE	(See Categories listed at the top		Campaign Constituent	Gifts				
l	X Political	Gift/Awards/Memorial	is Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder livi	ng expense			
⊢	Complete ONLY if direct	Candidate/Officeholder		office sought	Office hel				
e	xpenditure to benefit C/OH			-					
⊢									

	EXPENDITORE	S MADE I	3 Y (KD			SCHEDUL	е F4
						(10()			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	F F I Committee L	vent Exp ees ood/Beve ift/Award egal Serv	erage Expense s/Memorials Expense	Loan Repayment/ Office Overhead/F Polling Expense Printing Expense Salaries/Wages/C	Reimbursement Rental Expense Contract Labor	Transportation E Travel in District Travel Out of Dis	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 F4:			· · · · · · · · · · · ·			3 Filer IF) (Ethics Commiss	sion Filers)
-	Sch: 11/31 Rpt: 55/76		onna C	amphell			0006867	-	
4	CREDIT CARD	Friends of Donna Campbell Name of financial institution			5 TOTA	L OF UNITEMIZE		-	
•	ISSUER	Hano	see previous		EXPE	NDITURES GED TO A CRED	\$		
6	PAYMENT	(a) Amount Charg	ged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
		\$52.98		12/09/2024					
7	PAYEE	(a) Payee name			(b) Payee	e address;	City,	State,	Zip Code
		HEB			Cypress	s 3Rd 646 S Mai	n Ave		
					San Ant	tonio, TX 78204			
8	PURPOSE OF	(a) Category			(b) Descr				
	EXPENDITURE	(See Categories listed a Office Overhea			Capitol	Office Supplies			
	Non-Political	(C) Check if trave	el outside	of Texas. Complete Schedule	• Т.	Check if Austin, 1	X, officeholder liv	ving expense	
9 e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Office	eholder	r name C	Office sought		Office he	ld	
	PAYMENT	(a) Amount Char	ged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
		\$15.45		12/10/2024					
	PAYEE	(a) Payee name		1	(b) Payee	e address;	City,	State,	Zip Code
		The UPS Sto	re		3805 La	ariat Way			
					New Bra	aunfels, TX 7813	32		
	PURPOSE OF	(a) Category			(b) Descr				
	EXPENDITURE	(See Categories listed a Office Overhea		,	Campai	Campaign Shipping Charges			
	Non-Political	(C) Check if trave	el outside	of Texas. Complete Schedule	• Т.	Check if Austin, 1	X, officeholder liv	ring expense	
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Office	eholder	r name C	Office sought		Office he	eld	
	PAYMENT	(a) Amount Char	jed	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
		\$75.96		12/10/2024					
	PAYEE	(a) Payee name		1	(b) Payee	e address;	City,	State,	Zip Code
		Office Depot			201 Spr	ingtown Way			
						rcos, TX 78666			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed a	at the ton	of this schedule)	(b) Descr	•			
	_	Office Overhea			District	Office Supplies			
	X Political								
	Non-Political			of Texas. Complete Schedule		Check if Austin, 7	X, officeholder liv	ving expense	
	Complete ONLY if direct	Candidate/Office	eholder	r name C	Office sought		Office he	eld	
е	xpenditure to benefit C/OH								

				:	SCHEDUL	Е Г4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	Event Expr Fees Food/Beve y - Gift/Award al Committee Legal Serv	ense erage Expense s/Memorials Expense rices	RIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel in District Travel Out of District OTHER (enter a cate	oment & Related I	
		ruction Guide explains	how to complete this form.			
1 Total pages Schedule F4:					Ethics Commiss	sion Filers)
Sch: 12/31 Rpt: 56/76	Friends of Donna C			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$170.91	12/11/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Coc
	НЕВ		8801 South Congress A	Ave		
			Austin, TX 78745			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	Capitol Office Supplies			
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if Austin,	TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name (Office sought	Office held		
expenditure to benefit C/OH		-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$74.97	12/12/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Coc
			1401 Lavaca St			
	Postnet					
			Austin, TX 78701			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Shipping Ch	arges		
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	le T. Check if Austin,	TX, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name (Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$196.30	12/12/2024				
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Coc
			208 South Akard St FI	LO		
	AT&T					
			Dallas, TX 75202-4208			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Officeholder Cell Phone	9		
X Political		ui Experise	1			

Non-Political

Complete ONLY if direct expenditure to benefit C/OH Office sought

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

Candidate/Officeholder name

SCHEDULE F4

Check if Austin, TX, officeholder living expense

Office held

Zip Code

Zip Code

Zip Code

∟									
	Advertising Expense	EXPI Event Exp		RIES FOR BOX 10(a) Loan Repayment/Reimbursement	Sol	icitation/Eundraising	Exponso		
	Accounting/Banking	Fees		Office Overhead/Rental Expense	Tra	icitation/Fundraising		Expense	
	Consulting Expense Contributions/ Donations Made By		erage Expense Is/Memorials Expense	Polling Expense Printing Expense		vel in District			
	Candidate/Officeholder/Politica			Salaries/Wages/Contract Labor		HER (enter a catego	ory not listed a	bove)	
		The Inst	ruction Guide explains	how to complete this form.		_			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)	
	Sch: 13/31 Rpt: 57/76	Friends of Donna C	Campbell			00068678			
4	•••••••	Name of fina	ncial institution	5 TOTAL OF UNITER		•			
	ISSUER	see p	revious	EXPENDITURES		\$			
		· ·		CHARGED TO A C CARD	REDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	Paid			
		\$16.60	12/14/2024						
		\$10.00	12/14/2024						
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Co	
				3805 Lariat Way					
		The UPS Store		Cooo Lanat Way					
				New Braunfels, TX	78132				
8	PURPOSE OF	(a) Category		(b) Description	10102				
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign Shipping	1 Charo	les			
	X Political	Office Overhead/Ren	tal Expense		, e	100			
	Non-Political		of Texas. Complete Schedule		Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held			
e	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	Paid			
		\$58.40	12/16/2024						
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Coo	
				360 Creekside Way	/				
		Hobby Lobby							
				New Braunfels, TX	78130				
Γ	PURPOSE OF	(a) Category		(b) Description	(b) Description				
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memoria		Campaign Constitu	ent Gift	ts			
	X Political	Gill/Awarus/Wemona	is Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if A	ustin. TX. (officeholder living ex	pense		
⊢	Complete ONLY if direct	Candidate/Officeholder		Diffice sought		Office held			
e	expenditure to benefit C/OH			-					
⊢	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	Paid			
		\$2.53	12/16/2024						
		φ2.55	12/10/2024						
-	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Coo	
	=			1610 State Hwy 46	West	City,	State,		
		Walgreens		1010 State Hwy 40	WESI				
				Now Prounfold TV	70100				
⊢	PURPOSE OF	(a) Category		(b) Description	10132				
	EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	District Office Supp	lioc				
	_	Office Overhead/Ren	tal Expense	District Office Supp	lie5				
	X Political								
L	Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if A	ustin, TX, o	officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	r name 0	Office sought		Office held			
e	expenditure to benefit C/OH								
Fo	rms provided by Texas E	thics Commission	www.ethics.s	state.tx.us		Vers	sion V4.1.	0.5dd2a	

SCHEDULE F4

Zip Code

Zip Code

Zip Code

Version V4.1.0.5dd2ace2

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense		Event Expe Fees	ense rage Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Solicitation/Fundraising Transportation Equipm Travel in District		Expense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	s/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a catego	orv not listed a	bove)	
		0		how to complete this form.			,	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)	
	Sch: 14/31 Rpt: 58/76	Friends of Donna C	ampbell		00068678			
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZ				
	ISSUER	see p	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			
		\$1.27	12/17/2024					
7	PAYEE	E (a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Walgreens		1610 State Hwy 46 We	est			
				New Braunfels, TX 78	132			
8	PURPOSE OF	(a) Category		(b) Description	102			
	EXPENDITURE	(See Categories listed at the top		District Office Supplies	6			
	X Political	Office Overhead/Ren	lai Expense					
	Non-Political (C) Check if travel outside of Texas. Complete Schedule T.			T. Check if Austin	, TX, officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	Office sought	Office held				
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
		\$84.03	12/19/2024					
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
		The Dienger Tradin	a Co	210 North Main St				
			ig C0.	Dec				
⊢	PURPOSE OF	(a) Category		Boerne, TX 78006-203 (b) Description	30			
	EXPENDITURE	(See Categories listed at the top		District Office Supplies	6			
	X Political	Food/Beverage Expe	nse					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held			
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
		\$55.74	12/19/2024					
_	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		(u) r uyee name		646 South Flores St	City,	Olule,		
		HEB						
				San Antonio, TX 7820	4			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
	EXPENDITURE	Office Overhead/Rent		District Office Supplies	5			
1	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living ex	pense		
⊢	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Dffice sought	Office held			
e	expenditure to benefit C/OH							

DE BY CREDIT CA	RD
EXPENDITURE CATEG	ORIES FOR BOX 10(a)
Fees	Office Overhead/Rental Expense
Gift/Awards/Memorials Expense	Polling Expense Printing Expense
	EXPENDITURE CATEG Event Expense Fees Food/Beverage Expense

Г

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 F4:	lule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 15/31 Rpt: 59/76	Friends of Donna C	Campbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	^r Paid		
	\$80.00	12/20/2024					
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	The Chamber		1730 Sche	ertz Pkwy			
			Schertz, T				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
X Political	Office Overhead/Ren		Campaign	1 Dues			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	^r Paid		
	\$130.31	12/20/2024					
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Target.com		33 South	6Th St Ste Cc1			
			Minneapo	lis, MN 55402-3	700		
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descript				
	Office Overhead/Ren		Capitol Of	ffice Supplies			
X Political							
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$216.49	12/20/2024					
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	DeatDury com		7075 Flyir	ng Cloud Dr			
	BestBuy.com						
				rirp, MN 55344-	3532		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	tion fice Supplies			
X Political	Office Overhead/Ren			nce Supplies			
Non-Political		/=			<i>m</i>		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp Office held	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Canuluale/Onicenolder	name Olit	e sought				
	1						

	EXPENDITURE	ES MADE BY ()	SCHEDULE F	4
F		EXPE	ENDITURE CATEGORIE	S FOR BOX 10(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve / - Gift/Award al Committee Legal Serv	ense L C erage Expense P s/Memorials Expense P	oan Repayment/Reimbursement Iffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	e
	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	Sch: 16/31 Rpt: 60/76	Friends of Donna C	Campbell		00068678	,
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZI EXPENDITURES CHARGED TO A CRE CARD	\$	
6	PAYMENT	(a) Amount Charged \$65.00	(b) Date of Charge 12/22/2024	(c) Date(s) Credit Card Is:	suer Paid	
7	PAYEE	(a) Payee name Top Golf	I	(b) Payee address; 25 Pearl St Portland, ME 04101	City, State, Zip	Cod
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Campaign Constituent	Gifts	
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offi	ce sought	Office held	
	PAYMENT	(a) Amount Charged \$103.11	(b) Date of Charge 12/23/2024	(c) Date(s) Credit Card Is	suer Paid	
	PAYEE	(a) Payee name USPS		(b) Payee address; 555 Rebel Rd Kyle, TX 78640	City, State, Zip	Cod
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign Postage an	d Shipping	
1	Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T	Check if Austin	TX officeholder living expense	

	Sch. 10/31 Rpl. 00/70	Filenus of Donna Campbell		00068678					
4	CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	\$				
		see pr	revious	CHARGED TO A CREDIT CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
		\$65.00	12/22/2024						
		<i>400.00</i>	12,22,202						
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
				25 Pearl St					
		Top Golf							
				Portland, ME 04101					
8	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Campaign Constituent Gif	is				
	X Political	Gill/Awarus/wemonar	s Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
		\$103.11	12/23/2024						
	PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code		
				555 Rebel Rd					
		USPS							
				Kyle, TX 78640					
	PURPOSE OF	(a) Category		(b) Description					
		(See Categories listed at the top Office Overhead/Rent		Campaign Postage and Shipping					
	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	e sought	Office held				
е	xpenditure to benefit C/OH		-						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
		\$69.26	12/26/2024						
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
		DeetDury early		7075 Flying Cloud Dr					
		BestBuy.com							
				Eden Prairirp, MN 55344-3	3532				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description					
		Office Overhead/Rent	,	District Office Supplies					
	X Political		I						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
e	xpenditure 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						
	Consulting Expense	Food/Beve	erage Expense	Polling Expense	Travel in District	x Relateu i	zxpense			
	Contributions/ Donations Made By Candidate/Officeholder/Politica	l Committee Legal Serv	s/Memorials Expense rices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category r	ot listed al	oove)			
		The Inst	ruction Guide explains I	how to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)			
	Sch: 17/31 Rpt: 61/76	Friends of Donna C	Campbell		00068678					
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	D					
	ISSUER	see p	revious	EXPENDITURES	<u></u> \$					
				CHARGED TO A CREE CARD						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	(c) Date(s) Credit Card Issuer Paid					
		\$35.00	12/30/2024							
		\$35.00	12/30/2024							
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State.	Zip Code			
Ľ	=	(a) r ayee hame		585 Springs Nursery	City,	State,				
		New Braunfels Con	servatives	505 Springs Nursery						
				New Braunfels, TX 781	20					
8	PURPOSE OF	(a) Category		(b) Description	30					
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign Dues						
	V Dolitiool	Office Overhead/Ren	tal Expense	Campaign Ducs						
	X Political									
Non-Political (c) Check if travel outside of Texas. Complete Schedu				TX, officeholder living expen	se					
9	Complete ONLY if direct	Candidate/Officeholder	Office sought	Office held						
expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid					
		\$46.00	12/30/2024							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		Alamo City Republi	can Women	2014 Adobe Trl						
			can women							
				San Antonio, TX 78232						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
		Office Overhead/Ren		Campaign Dues						
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expen	se				
	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 Iss	uer Paid					
		\$20.00	12/30/2024							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		Austin Dopublican	Nomon	3804 Peak Lookout Dr						
		Austin Republican	women							
L				Austin, TX 78738						
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Dues						
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expen	se				
⊢	Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	Diffice sought	Office held					
е	xpenditure to benefit C/OH									
⊢										

	EXPE	ENDITURE CATEGO	RIES FOR BOX 1	.0(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	r - Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Rei Office Overhead/Ren Polling Expense Printing Expense Salaries/Wages/Cont	ital Expense	Transportation Equipm Travel in District Travel Out of District			
	The Inst	ruction Guide explains	how to complete th	nis form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)	
Sch: 18/31 Rpt: 62/76	Friends of Donna C	Campbell			00068678			
4 CREDIT CARD	Name of final	ncial institution						
ISSUER	see p	revious		DITURES ED TO A CREDI	IT \$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	ier Paid			
	\$31.50	12/30/2024						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
			2416 La M				·	
	Leander Area Repu	ıplibcan						
			Leander, ⁻	TX 78641-000	0			
8 PURPOSE OF	(a) Category		(b) Descript	tion				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign	n Dues				
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	ет. Г	Check if Austin, T	X, officeholder living ex	pense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Dffice sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	ier Paid			
	\$40.00	12/30/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
			1408 Lake	eway Dr	-		·	
	Lake Travis Repub	lican Women		2				
			Lakeway,	TX 78734				
PURPOSE OF	(a) Category		(b) Descript	tion	City, State, Zip Code			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign	Dues				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	ет. Г	Check if Austin, T	X, officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name C	Dffice sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	ier Paid			
	\$32.00	12/30/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
			9500 Eagl	le Knl				
	Northwest Austin R	epublican						
				78717-5513				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descript					
EXPENDITURE	Office Overhead/Rent		Campaign	Dues				
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	L	Check if Austin, T	X, officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held			
expenditure to benefit C/OH								

Forms provided by Texas Ethics Commission

SCHEDULE F4

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Transportation Equipm		Exnense	
	Consulting Expense Contributions/ Donations Made By	Food/Beve	rage Expense s/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of District			
	Candidate/Officeholder/Politica	l Committee Legal Serv		Salaries/Wages/Contract Labor	OTHER (enter a catego	ory not listed a	bove)	
		The Inst	ruction Guide explains h	now to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commis	sion Filers)	
	Sch: 19/31 Rpt: 63/76	Friends of Donna C	ampbell		00068678			
4	CREDIT CARD	Name of final	ncial institution					
	ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CRE	=DIT			
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid			
		\$35.00	12/30/2024					
7	PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code	
				120 Seth Raynor Dr				
		Red Stiletto Republ	lican Women					
			New Braunfels, TX 78	3130				
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Dues				
	X Political							
Non-Political (c) Check		(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living ex	pense		
9	Complete ONLY if direct	Candidate/Officeholder	ffice sought	Office held				
expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid			
		\$25.00	12/30/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		San Antonio Repub	lican Women	25810 Peregrine				
		(a) Catagony		San Antonio, TX 7826	50			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign Dues				
	X Political	Office Overhead/Rent	tal Expense	Campaign Ducs				
		–						
	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule		in, TX, officeholder living ex	pense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Canuluale/Onicenoluer	name O	ffice sought	Office held			
Ľ		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid			
		\$25.00	12/30/2024					
⊢	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		(u) r uyee name		25810 Peregrine	Oity,	Olule,		
		San Antonio Repub	lican Women					
				San Antonio, TX 7826	60			
⊢	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top		Campaign Dues				
	X Political	Office Overhead/Rent	tai ⊨xpense					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living ex	pense		
⊢	Complete ONLY if direct	Candidate/Officeholder		office sought	Office held	-		
е	expenditure to benefit C/OH			-				
⊢								

		EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)			
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense			
	Consulting Expense	Food/Beve	rage Expense	Polling Expense	Travel in District	eni a Reialeu i	Expense
	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 catego	ory not listed al	oove)
			ruction Guide explains h	ow to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 20/31 Rpt: 64/76	Friends of Donna C	ampbell		00068678		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZ			
	ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CRE	\$		
				CARD			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
		\$31.56	12/30/2024				
		Φ31.50	12/30/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		(d) i dyce name		185 Barton Creek Circ		Otato,	Lip Couc
		Dripping Springs R	epublicans	100 Darton Creek Circ			
				Dripping Springs, TX	78620		
8	8 PURPOSE OF (a) Category			(b) Description	10020		
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign Luncheon I	Fees		
	X Political	Food/Beverage Expense					
	Non-Political		of Texas. Complete Schedule		n, TX, officeholder living ex	pense	
	Complete <u>ONLY</u> 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 Is	ssuer Paid		
		\$42.30	12/30/2024				
	PAYEE				0.1		7.0.1
	PATEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Canyon Lake Republican Women		177 Coral Cv			
		, ,		Carries Breach TV 70	070		
-	PURPOSE OF	(a) Category		(b) Description	070		
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign Luncheon I	Fees		
	X Political	Food/Beverage Expense					
	Non-Political		of Texas. Complete Schedule		n, TX, officeholder living ex	pense	
	Complete <u>ONLY</u> 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 Is	ssuer Paid		
		\$72.51	12/30/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		1-800-Flowers.Com	ı	Two Jericho Plz			
		1 000 1 100013.0011	•				
				Jericho, NY 11753			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
		Gift/Awards/Memorial		Campaign Constituen	t Howers		
	X Political						
L	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
e	xpenditure to benefit C/OH						

EXPENDITOR			J		SCHEDUL	е F4
	EVDI					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	Event Exp. Fees Food/Beve y - Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundrai Transportation Equ Travel in District Travel Out of Distri OTHER (enter a ca	ipment & Related	
	The Inst	ruction Guide explains h	now to complete this form.			
1 Total pages Schedule F4:				3 Filer ID ((Ethics Commiss	sion Filers)
Sch: 21/31 Rpt: 65/76	Friends of Donna C	Campbell		00068678		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$40.00	12/31/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Cod
	Alamo Pachyderm	Club	16722 Ledgestone Dr			
			San Antonio, TX 7823	2-2410		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Campaign Dues			
Non-Political				T) official claim lines		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	n, TX, officeholder livin Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					4	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$25.00	12/31/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Cod
	Kendall County Re	publican	701 Oak Park Dr			
			Boerne, TX 78006			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Office Overhead/Ren		Campaign Dues			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name O	ffice sought	Office held	ł	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$242.00	12/31/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Cod
			452 Fm 306			
	Lockaway Storage					
			New Braunfels, TX 78	130		
PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Office Overhead/Ren		Campaign Storage Re	Intal		
X Political						
Non-Political		of Texas. Complete Schedule		n, TX, officeholder livin		
Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought	Office held	t	

expenditure to benefit C/OH

Zip Code

Zip Code

Zip Code

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking	Event Exp Fees		Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Transportation Equipm		Expense			
Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politic	By - Gift/Award	erage Expense Is/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of District	an upot listed of				
Candidate/Oniceholden/Politik	C C		Salaries/Wages/Contract Labor how to complete this form.	OTHER (enter a catego	ory not listed a	bove)			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)			
Sch: 22/31 Rpt: 66/76	Friends of Donna C	Campbell		00068678					
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ						
ISSUER	Chas	e Bank	EXPENDITURES CHARGED TO A CRE	EDIT					
		•	CARD						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 11/20/2024	ssuer Paid					
	\$41.09	10/27/2024	11/20/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	(a) Payee fidilie		2203 Se Loop 410	City,	State,	Zip Coue			
	Chick-Fil-A		2200 30 2000 410						
		San Antonio, TX 7822	20						
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		District Staff Meeting						
X Political									
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living ex	pense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name C	Office sought	Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
PATMENT			12/20/2024						
	\$10.81	10/31/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
			PO Box 419499						
	Iheartmedia								
			Boston, MA 02241						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign Subscriptio	ins					
X Political	Office Overhead/Ren	tal Expense	Campaign Casconpac						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living ex	nense				
Complete ONLY if direct	Candidate/Officeholder		Diffice sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid					
	\$114.90	10/31/2024	12/20/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	New Braunfels Sm	okehouse	441 N Guenther Ave						
			New Braunfels, TX 78	130					
PURPOSE OF	(a) Category		(b) Description	100					
EXPENDITURE	(See Categories listed at the top		District Staff Meeting						
X Political	Food/Beverage Expe	1130							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living ex	pense				
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held					
expenditure to benefit C/OH									

	EXPENDITURE	ES MADE BY (CREDIT CAR	D			
		EXPI	ENDITURE CATEGOR	IES FOR B	OX 10(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	rees Food/Beve Gift/Award	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Prin		oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor		
		The Inst	ruction Guide explains h	ow to comp	lete this form.		
1	Total pages Schedule F4:	2 FILER NAME					
	Sch: 23/31 Rpt: 67/76	Friends of Donna C	Campbell				
4	CREDIT CARD ISSUER		ncial institution revious	EXI	TAL OF UNITEMI PENDITURES ARGED TO A CR RD		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	· · ·	(c) Date(s) Credit Card		
		\$21.99	11/01/2024	12/20	0/2024		
7	PAYEE	(a) Payee name	•	(b) Pa	yee address;		
		Amazon		410 7	Ferry Ave N		
				Seatt	le, WA 98109		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Ren		` '	(b) Description District Office Supplies		

DIT	CARD		

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

3 Filer ID (Ethics Commission Filers)

00068678

4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	ES	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
		\$21.99	11/01/2024	12/20/2024				
7	PAYEE	(a) Payee name		(b) Payee address	S;	City,	State,	Zip Code
		Amazon		410 Terry Ave N	N			
		/ mazon						
8	PURPOSE OF	(a) Category		Seattle, WA 983 (b) Description	109			
°	EXPENDITURE	(See Categories listed at the top	of this schedule)	District Office S	Supplies			
	X Political	Office Overhead/Rent	tal Expense		appliee			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX, (officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
		\$57.73	11/03/2024	12/20/2024				
	PAYEE	(a) Payee name		(b) Payee address		City,	State,	Zip Code
		Amazon		410 Terry Ave N	N			
				Seattle, WA 982	109			
-	PURPOSE OF	(a) Category		(b) Description	100			
	EXPENDITURE	(See Categories listed at the top		District Office S	Supplies			
	X Political	Office Overhead/Rent	al Expense					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Cheo	ck if Austin, TX, (officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	xpenditure to benefit C/OH			-				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit 12/20/2024	Card Issuer	Paid		
		\$12.78	11/03/2024	12/20/2024				
				4 X = 11		0.11		
	PAYEE	(a) Payee name		(b) Payee address		City,	State,	Zip Code
		Amazon		410 Terry Ave N	N			
				Seattle, WA 983	109			
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		District Office S	Supplies			
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Cheo	ck if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	xpenditure 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	Solicitation/Fundraising		Evponco	
Consulting Expense		Food/Beve	rage Expense	Polling Expense	Travel in District			
Contributions/ Donations Made By - Candidate/Officeholder/Political C		I Committee Legal Serv	s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a catego	ory not listed al	oove)	
			ruction Guide explains h	now to complete this form.	i			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)	
	Sch: 24/31 Rpt: 68/76	Friends of Donna C	ampbell		00068678			
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZ				
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRE	\$			
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
		\$17.28	11/05/2024	12/20/2024				
		Φ17.20	11/03/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
Ľ	=	(d) i dyce name		410 Terry Ave N	City,	State,		
		Amazon		410 Terry Ave N				
				Soattle M/A 09100				
-	8 PURPOSE OF (a) Category		(b) Description					
8	EXPENDITURE	(See Categories listed at the top	of this schedule)	District Office Supplies				
	V Dolition	Office Overhead/Rental Expense			,			
	X Political							
	Non-Political		of Texas. Complete Schedule		, TX, officeholder living ex	pense		
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 12/20/2024	suer Paid			
		\$46.92	11/05/2024	12/20/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		A		410 Terry Ave N				
		Amazon						
				Seattle, WA 98109				
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		District Office Supplies	6			
	X Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	ı, TX, officeholder living ex	pense		
	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 Is	suer Paid			
		\$10.66	11/06/2024	12/20/2024				
		\$10100	11/00/2021					
-	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		(410 Terry Ave N		,		
		Amazon		410 reny / we w				
				Seattle, WA 98109				
⊢	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	District Office Supplies	5			
	X Political	Office Overhead/Rent	al Expense		-			
L	Non-Political		of Texas. Complete Schedule		n, TX, officeholder living ex	pense		
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	office sought	Office held			
e e	xpenditure to benefit C/OH							

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)			
	Advertising Expense Accounting/Banking	Event Expe Fees	Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense				
	Consulting Expense	Food/Beve	rage Expense	Polling Expense	Travel in District	eni a Reialeu i	Expense
	Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Legal Serv	s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a catego	ory not listed at	oove)
			ruction Guide explains I	how to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	iics Commiss	sion Filers)
	Sch: 25/31 Rpt: 69/76	Friends of Donna C	ampbell		00068678		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZ			
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRE	=DIT \$		
				CARD			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid		
		\$54.53	11/07/2024	12/20/2024			
		Ψ04.00	11/01/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		(Cypress 3Rd 646 S M		,	
		HEB					
				San Antonio, TX 7820)4		
8	PURPOSE OF	(a) Category		(b) Description			
ľ	EXPENDITURE	(See Categories listed at the top		District Office Supplie	S		
	X Political	Office Overhead/Rent	tal Expense				
	Non-Political						
Ļ			of Texas. Complete Schedule	Dffice sought	n, TX, officeholder living ex Office held	pense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
e							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 12/20/2024	ssuer Palu		
		\$49.80	11/12/2024	12/20/2021			
					0.1		7.0.1
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Microsoft		1 Microsoft Way			
				Dedmand W/A 00052			
-	PURPOSE OF	(a) Category		Redmond, WA 98052 (b) Description			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign Email Host	tina		
	X Political	Office Overhead/Ren	tal Expense		ing		
	Non-Political		of Texas. Complete Schedule		n, TX, officeholder living ex	pense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought	Office held		
e e		(a) Amount Chargod	(b) Data of Charge	(a) Data(c) Cradit Card (squar Daid		
	PATMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 12/20/2024	ssuer Palu		
		\$29.84	11/12/2024	/_0/_0_			
	DAVEE						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Microsoft		1 Microsoft Way			
⊢		(a) Catagori		Redmond, WA 98052			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ting		
		Office Overhead/Ren		Campaign Email Host	ung		
	X Political						
	Non-Political		of Texas. Complete Schedule		n, TX, officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held		
e	xpenditure to benefit C/OH						

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	Fees Of Food/Beverage Expense Pr By - Gift/Awards/Memorials Expense Pr		Loan Repayment/Rein Office Overhead/Rent Polling Expense Printing Expense	al Expense T T T	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District			
	Candidate/Officeholder/Politica	5	ices ruction Guide explains I	Salaries/Wages/Contr now to complete th		OTHER (enter a categor	y not listed al	oove)	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 26/31 Rpt: 70/76	Friends of Donna C	ampbell			00068678			
4	CREDIT CARD		ncial institution	5 TOTAL C	F UNITEMIZED				
Ľ	ISSUER		revious	EXPEND	ITURES	\$			
		See p	levious	CHARGE CARD	D TO A CREDIT	Г 			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	er Paid			
		\$21.64	11/17/2024	12/20/202	4				
		• -							
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
				345 Park A	Avenue				
		Adobe.com							
				San Jose,	San Jose, CA 95110				
8	PURPOSE OF	(a) Category		(b) Descripti	ion				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	Campaign	Campaign Software Subscription					
	X Political	Onice Overneau/Ken							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т. Г	Check if Austin, TX	, officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name C	ffice sought		Office held			
	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	er Paid			
		\$48.66	11/21/2024	12/20/202	4				
	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
		НЕВ		Cypress 3	Rd 646 S Main	Ave			
					io, TX 78204				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descripti					
		Office Overhead/Ren	District Office Supplies						
	X Political		•						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		Check if Austin, 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) (12/20/202	Credit Card Issue	er Paid			
		\$135.95	11/22/2024	12/20/202	+				
	PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code	
		Notaries.com		225 E Rob	inson St #570				
		Notanoolooni							
⊢		(a) Catagory		Orlando, F					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti					
	EXPENDITURE (See Categories listed at the top of this schedule) Staff Notary Dues X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т. Г	Check if Austin, TX	, officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name C	office sought		Office held			
e	xpenditure 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	Solicitation/Fundraising			
Consulting Expense	Food/Beve	erage Expense	Polling Expense	Transportation Equipme Travel in District	eni a Reialeu	Expense	
Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense rices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a catego	ry not listed a	oove)	
		ruction Guide explains h	now to complete this form.	i			
1 Total pages Schedule F4:				3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 27/31 Rpt: 71/76	Friends of Donna C	Campbell		00068678			
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZ				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRE	דוס :			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$114.90	11/27/2024	12/20/2024				
	φ114.50	11/2//2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
=			441 N Guenther Ave	City,	State,		
	New Braunfels Smo	okehouse	441 N Gueniner Ave				
			New Prounfela, TV 70100				
	(a) Category		New Braunfels, TX 78 (b) Description	130			
8 PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	District Staff Meeting				
Delitical	Food/Beverage Expe	nse	District Star Meeting				
X Political							
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name O	office sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$114.90	11/27/2024	12/20/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	New Braunfels Smokehouse		441 N Guenther Ave				
			New Braunfels, TX 78	130			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		District Staff Meeting				
X Political	Food/Beverage Expe	lise					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	uffice sought	Office held			
expenditure to benefit C/OH			-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$10.81	12/01/2024					
	\$10.01	12/01/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
=			PO Box 419499	City,	State,		
	Iheartmedia		PO B0X 419499				
			Dector MA 02241				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(a) Categories listed at the top	of this schedule)	., .	ne			
Office Overhead/Rental Expense				115			
X Political							
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name O	office sought	Office held			
expenditure to benefit C/OH							

	EXPENDITURE	ES MADE BY C	REDIT CARD		SCHE	DUL	e F4
		EXDE					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve Gift/Awards I Committee Legal Serv	ense Loa Offi rage Expense Poll s/Memorials Expense Prir	In Repayment/Reinbursement S ce Overhead/Rental Expense T ling Expense T aries/Wages/Contract Labor C	olicitation/Fundraising Expe ransportation Equipment & ravel in District ravel Out of District 'THER (enter a category no	Related I	·
1	Total pages Cabadula E4				3 Filer ID (Ethics C	ommice	ion Filore)
T	Total pages Schedule F4: Sch: 28/31 Rpt: 72/76	Friends of Donna C	ampbell		00068678	UIIIIIIS	son Filers)
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
		\$33.06	12/11/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City, S	State,	Zip Cod
		Trail Of Lights		2100 Barton Springs			·
				Austin, TX 78704			
8	PURPOSE OF	(a) Category		(b) Description			
Ū	EXPENDITURE	(See Categories listed at the top		Contribution			
	X Political	Contributions/Donatio					
	Non-Political	Candidate/Officeholde					
_		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	, officeholder living expense Office held	;	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Canuluale/Onicenoluer	name Onice	e sought	Office field		
e		(a) Amount Chargod	(b) Date of Charge	(a) Data(c) Cradit Card Issue	vr Doid		
	PATMENT	(a) Amount Charged	()	(c) Date(s) Credit Card Issue	er Palu		
		\$49.80	12/12/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City, S	State,	Zip Cod
		Microsoft		1 Microsoft Way			
				Redmond, WA 98052			
	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Campaign Email Hosting			
	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		e sought	Office held		
е	expenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
		\$29.84	12/12/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City, S	State,	Zip Cod
		(a) i ayee name		1 Microsoft Way	City, C	nuit,	210 000
		Microsoft		I MICIOSOIL Way			
				Redmond, WA 98052			
	PURPOSE OF	(a) Category		(b) Description			

Forms provided by Texas Ethics Commission

EXPENDITURE

Non-Political

Complete ONLY if direct expenditure to benefit C/OH

X Political

(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.

Office sought

Campaign Email Hosting

Check if Austin, TX, officeholder living expense

Office held

CHEDULE F4

Zip Code

Zip Code

Zip Code

EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense	Event Exp	ense	Loan Repayment/Reimburser Office Overhead/Rental Expe		Solicitation/Fundraising Expense Transportation Equipment & Related Expense			
	Accounting/Banking Consulting Expense		erage Expense	Polling Expense	Tra	avel in District	it & Related i	zpense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica	 Gift/Award I Committee Legal Serv 	s/Memorials Expense rices	Printing Expense Salaries/Wages/Contract Lab		avel Out of District THER (enter a category	y not listed at	oove)	
		The Inst	ruction Guide explains	how to complete this forr	n.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
	Sch: 29/31 Rpt: 73/76	Friends of Donna C	Campbell			00068678			
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UN	ITEMIZED				
	ISSUER	see n	revious	EXPENDITUR		\$			
		000 p		CHARGED TO CARD	A CREDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	I Paid			
		.,							
		\$155.88	12/13/2024						
7	PAYEE	(a) Payee name		(b) Payee address		City,	State,	Zip Code	
Ľ		(d) Fayee hame		., .			State,	Zip Coue	
		Capitol Gift Shop		1400 North Cor	igress Ave	;			
				Austin TV 7070	1				
Ļ		(a) Catagony		Austin, TX 7870 (b) Description)1				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	., .	etituont Cif	fte			
	Delitical	Gift/Awards/Memorial	Campaign Constituent Gifts						
	X Political								
	Non-Political		of Texas. Complete Schedule		ck if Austin, TX,	officeholder living expe	ense		
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held			
e	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	r Paid			
		\$17.38	12/13/2024						
	PAYEE	(a) Payee name		(b) Payee address	S;	City,	State,	Zip Code	
		The Palm Mexican Restaurant		233 E Houston	St Ste 100)			
			Residurant						
				San Antonio, T	X 78205				
	PURPOSE OF EXPENDITURE	(a) Category	of this schodulo)	(b) Description					
		(See Categories listed at the top of this schedule) Food/Beverage Expense		District Staff Meeting					
	X Political	5 -							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Cheo	ck if Austin, TX,	officeholder living expe	ense		
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held			
e	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issue	r Paid			
		\$943.32	12/15/2024						
	PAYEE	(a) Payee name		(b) Payee address	s;	City,	State,	Zip Code	
				98 San Jacinto	Blvd				
		Four Seasons							
I				Austin, TX 7870	01				
L	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign Staff	Lodging				
1	X Political	Travel Out of District							
I	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Cher	ck if Austin. TX	officeholder living expe	ense		
⊢	Complete ONLY if direct	Candidate/Officeholder	•	Office sought		Office held			
e e	expenditure to benefit C/OH		`	9		2			
Ľ									

	EXPENDITURE	5 MADE	BIC		D		SC	HEDULI	₌ F4
			EXP	ENDITURE CATEGOR	IES FOR BOX 10(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - I Committee	Gift/Award Legal Serv	erage Expense s/Memorials Expense	Loan Repayment/Reimburse Office Overhead/Rental Expe Polling Expense Printing Expense Salaries/Wages/Contract Lab ow to complete this form	ense Tra Tra Tra Dor OT	licitation/Fundraising ansportation Equipme avel in District avel Out of District THER (enter a categor	nt & Related E	
1	Total pages Schedule F4:	2 FILER NAME	=				3 Filer ID (Ethi	cs Commiss	ion Filers)
-	Sch: 30/31 Rpt: 74/76	Friends of I		amphell			00068678		/
4	•			ncial institution	5 TOTAL OF UN		00000070		
4	CREDIT CARD ISSUER	Naii		revious	EXPENDITUR CHARGED TO CARD	ES	\$		
6	PAYMENT	(a) Amount Cha	arged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	^r Paid		
		\$49.79		12/15/2024					
7	PAYEE	(a) Payee name	9		(b) Payee addres	S;	City,	State,	Zip Code
		HEB			Cypress 3Rd 64	46 S Main /	Ave		
					San Antonio, T	X 78204			
8	PURPOSE OF	(a) Category			(b) Description				
		(See Categories liste Office Overhe			District Office S	Supplies			
	X Political			-					
	Non-Political			of Texas. Complete Schedule		ck if Austin, TX,	officeholder living exp	ense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Off	iceholder		ffice sought		Office held		
	PAYMENT	(a) Amount Cha	arged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
		\$30.43		12/15/2024					
	PAYEE	(a) Payee name	è		(b) Payee addres	s;	City,	State,	Zip Code
		Office Depot		1050 Interstate	1050 Interstate 35 North Ste 800				
		Once Dept	Л						
					New Braunfels,	TX 78130			
		(a) Category (See Categories lister Office Overhe			(b) Description District Office S	Supplies			
	X Political	<u></u>							
		(C) Check if tra		of Texas. Complete Schedule	T. Cheil ffice sought	ck if Austin, TX,	officeholder living exp Office held	ense	
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH			· · · · · · · · · · · · · · · · · · ·					
	PAYMENT	(a) Amount Cha	arged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
		\$21.64		12/17/2024					
	PAYEE	(a) Payee name	9	•	(b) Payee addres	S;	City,	State,	Zip Code
		Adaba aam			345 Park Aven	le			
		Adobe.com	I						
					San Jose, CA 9	95110			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	d at the ton	of this schedule)	(b) Description		aviatis -		
	X Political	Office Overhe			Campaign Soft	ware Subso	cription		
	Non-Political	(C) Check if tra	avel outside	of Texas. Complete Schedule	T. Che	ck if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Off			ffice sought		Office held		
e	xpenditure to benefit C/OH								

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic 1 Total pages Schedule F4:	Event Expe Fees Food/Beve Gift/Award: al Committee Legal Serv The Inst	rage Expense s/Memorials Expense ices	IES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow 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) 3 Filer ID (Ethics Commission Filers)		
Sch: 31/31 Rpt: 75/76	Friends of Donna C	ampbell		00068678		
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	ED \$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid		
	\$10.81	12/31/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Iheartmedia		PO Box 419499			
			Boston, MA 02241			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign Subscriptions			
X Political		,				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	ffice sought	Office held		
expenditure to benefit C/OH						

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: 76/76
2	FILER NAME			3		D (Ethics Commission Filers)
	Friends of D	_			0006	-
4	Date		Name of person from whom amount is received			8 Amount (\$)
	12/31/2024	I	Independent Financial Group			\$12,164.14
		0	Address of person from whom amount is received; City; State; Zip Code			
			San Diego, CA 92130			
				oliti	cal con	tribution returned to filer
			Campaign Interest			