CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00084192	sion Filers)	2 Total pages f	iled: 40
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Elizabeth			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LACT		SUFFIX	01/15/2025	
	NICKNAME Liz	LAST		SUFFIX	01/13/2023	
	LIZ	Campos				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	1028 Rigsby					
ADDRESS					Receipt #	Amount
Change of Address	San Antonio, TX 78210				Data Buranand	
					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Joe		1411		
NAME	IVII.	306				
	NICKNAME	LAST		SUFFIX		
		Campos				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	ST.	ATE; ZIP CODE
ADDRESS	1035 Rigsby					
(Residence or Business)						
	San Antonio, TX 78210					
7 CAMPAIGN	AREA CODE PHON	E NUMBER - F	VTENCION			
TREASURER		E NUMBER E	EXTENSION			
PHONE	(210) 931-8922					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after ca	ımpaign treasurer
		_ countary before		L	appointment (off	
	July 15	8th day before 6		Exceeded modified	Final Report (Att	ach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	10/27/2024	TH	IROUGH	12/31/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		I ∏G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)	
III OFFICE	State Representative Distr	ict 119		LE OFFICE SOCOTT	(II KIIOWII)	
		.00 ==0				
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 40

13 C / OH NAME	Campos, Elizabeth (1	he Honorable)	14 Filer ID (E 00084192	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 25.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 41,448.18
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 1,560.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 45,285.72
CONTRIBUTION BALANCE	REPORTING PE			\$ 111,955.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 1,267.65
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Honor	able Elizabeth Campo	os
			Candidate or Officehold	
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	3 of 40
	ER NAM	ME Elizabeth (The Honorable)	19 Filer ID 00084192	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 39,899.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,549.18
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 45,285.72
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/40	
2	FILER NAME Campos, Eliz	zabeth (The Honorable)		3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 11/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions) ;)		
				_		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_CLEAT PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Charter Communications Inc. Texas PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#: Charter School Now PAC Contributor address; City; State; Zip Code Austin, TX 78704			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Friends of Baylor MED Contributor address; City; State; Zip Code Houston, TX 77010			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L 5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/40	
2	FILER NAME Campos, Eli	zabeth (The Honorable)		3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 12/11/2024	5 Full name of contributor out-of-state PAC (ID#:_ Gainwell Holding Corp. PAC (Gainwell PAC) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$2,000.00
_		Conway, AR 72034				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ HOMEPAC of Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Hogan, Mike Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	San Antonio, TX 78213 Ipation / Job title (See Instructions)	Employer (See Instructions)		
	Housing Dev	veloper	Self Employed			
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ IBEW PAC Voluntary Fund Contributor address; City; State; Zip Code Washington, DC 20001)		Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_Lock and Lord Contributor address; City; State; Zip Code Dallas, TX 75201			Amount of Contribution (\$)	\$500.00
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/40	
2	FILER NAME Campos, Eliz	zabeth (The Honorable)			3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 12/13/2024	5 Full name of contributor Loredo, Gilbert6 Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$250.00
_		San Antonio, TX 78228	1-				
8	Government	pation / Job title (See Instructions) Relations	9	Employer (See Instructions UT Health SA	i) 		
	Date 12/06/2024	Full name of contributor Matz and Company LLC Contributor address; City; Stat				Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 12/06/2024	Full name of contributor McGuireWoods PAC Contributor address; City; Stat Richmond, VA 23219	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/26/2024	Full name of contributor Mission Business PAC Contributor address; City; Stat Universal City, TX 78148	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor Pfizer PAC Contributor address; City; Stat New York, NY 10001	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/40	
2	FILER NAME Campos, Eli	zabeth (The Honorable)		3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 10/28/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78757				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_Quest Diagnostics Incorporated PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Secaucus, NJ 07094 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Red Rock Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Deborah Contributor address; City; State; Zip Code San Antonio, TX 78209			Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_SA Prof Firefighters Assoc Local 624 Contributor address; City; State; Zip Code San Antonio, TX 78201			Amount of Contribution (\$)	\$1,624.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/40	
2	FILER NAME Campos, Eliz	zabeth (The Honorable)		3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 12/13/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,500.00
		San Antonio, TX 78217				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Serna, Baltazar Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Dringing agg	San Antonio, TX 78205	Employer (See Instructions	_		
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Tenet Healthcare Corporation PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Dallas, TX 75254				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Academy of Physician Asst PAC Contributor address; City; State; Zip Code Austin, TX 78737)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas College of Emergency Physicians Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/40	
2	FILER NAME Campos, Eliz	zabeth (The Honorable)		3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 11/21/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#: Texas Farm Bureau AGFUND Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Waco, TX 76702 pation / Job title (See Instructions)	Employer (See Instructions	.)		
	i illicipai occu	pation 7 300 title (See Instructions)	Employer (See Instructions	')		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas For Compassionate Healthcare PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Health Care Assoc Political Action Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Assoc PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/40	
2	FILER NAME Campos, Eli	zabeth (The Honorable)		3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 12/13/2024	Full name of contributor		7	Amount of Contribution (\$)	\$250.00
		Austin, TX 78757				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Association of Fire Fighters Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Assoc PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
	Timelpai occa	pation 7 oob title (occ mondetions)	Employer (See Management			
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ The Cigna Group Employee PAC Contributor address; City; State; Zip Code Philadelphia, PA 19192)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ The US Oncology Newwork PAC Contributor address; City; State; Zip Code The Woodlands, TX 77380)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/40	
2	FILER NAME Campos, Eli	zabeth (The Honorable)		3	Filer ID (Ethics Commissio 00084192	n Filers)
4	Date 11/12/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
		Washington, DC 20004				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_Valero PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78269				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distribution PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_ Zachry Corporation PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	San Antonio, TX 78265 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm	1 Total pages Schedule A2:
			Sch: 1/2 Rpt: 12/40
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	izabeth (The Honorable)		00084192
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of longitude of longit
11/14/2024	Campos Consulting Group		contribution (\$) description \$298.00 Fundraiser Expenses
	7 Contributor address; City; State; Zip Code		
			i I
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
12/06/2024	Lee, Gerald		\$350.00 Fundraiser Expenses
	Contributor address; City; State; Zip Code		
			<u> </u>
	San Antonio, TX 78205		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Governmen		Self Employed	·
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
11/05/2024	Samson Public Affairs		\$298.001 Fundraiser Expense
	Contributor address; City; State; Zip Code		<u> </u>
			i 1
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
· ·	•		•
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/2 Rpt: 13/40			
2 FILER NAME Campos, El	izabeth (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084192			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 11/04/2024	 Full name of contributor out-of-state PAC (ID#:	8 Amount of contribution (\$) In-kind contribution description \$298.00 Fundraiser Expenses			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 11/15/2024	Full name of contributor out-of-state PAC (ID#: Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$300.00 Fundraiser Expenses		
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 11/09/2024	Full name of contributor out-of-state PAC (ID#: Texas Farm Bureau AGFUND Contributor address; City; State; Zip Code)	Amount of In-kind contribution description \$5.18 Website Endorsement		
Principal occi	Waco, TX 76702 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
		,	,		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
		<u> </u>			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/27 Rpt: 14/40	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	12/13/2024	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.60	7930 Callaghan
		San Antonio, TX 78229
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gas
		Gus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	11/05/2024	AT&T Payment
	Amount (\$)	Payee address; City; State; Zip Code
	\$311.05	1 Dali Blvd
		St. Petersburg, FL 33701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Phone / Monthly Fee
		Thene / Monany 1 de
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies same
	12/07/2024	Payee name AT&T Payment
	Amount (\$)	Payee address; City; State; Zip Code
	\$311.79	1 Dali Blvd
		St. Petersburg, FL 33701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Phone / Monthly Fee
		Thone / Worlding 1 de
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	·	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/27 Rpt: 15/40	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	10/31/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.46	410 Terry Avenue North Seattle
		North Seattle, WA 98109
8	PURPOSE	
١	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign/Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	11/20/2024	Amazon
	Amount (\$)	
	\$215.44	410 Terry Avenue North Seattle
		North Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign/Office Supplies
	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/26/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$352.67	410 Terry Avenue North Seattle
		North Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign/Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	<u> </u>

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/27 Rpt: 16/40 Campos, Elizabeth (The Honorable) 00084192 4 Date Payee name 12/13/2024 Amazon 6 Amount (\$) Payee address; City; State; Zip Code \$434.66 410 Terry Avenue North Seattle North Seattle, WA 98109 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign/Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/17/2024 Amazon Amount (\$) Payee address; City; State; Zip Code \$74.41 410 Terry Avenue North Seattle North Seattle, WA 98109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign/Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/21/2024 **Apple** Payee address; Amount (\$) City: State; Zip Code \$9.99 1 Apple Park Way Cupertino, CA 95014 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Phone / Monthly Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/27 Rpt: 17/40	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	12/21/2024	Apple
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Phone / Monthly Fee
		Thomas Amondany Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payee name
	12/02/2024	Bobbie's Caf
_	Amount (\$)	Payee address; City; State; Zip Code
	\$120.09	6728 A. Flores
	Ψ120.09	0720 A. Flores
		San Antonio, TX 78229
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) FOOD/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/18/2024	Bucee's #22
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.67	2760 IH 35
		New Braunfels, TX 78130
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Event Ex Accounting/Banking Fees Consulting Expense Food/Bev Contributions/ Donations Made By - Gift/Awar

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		bove)
	Credit Card F dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commis	sion Filers)
	Sch: 5/27 Rpt: 18/40	Campos, Elizabeth (The Honorable) 00084192	
4	Date	5 Payee name	
	11/27/2024	Campos, Henry	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,200.00	1035 Rigsby	
		San Antonio, TX 78210	
8	PURPOSE		
0	OF	(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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Political Signs / Collection	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	
	Date	Payee name	
	12/30/2024	Campos, Henry	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1035 Rigsby	
		San Antonio, TX 78210	
	PURPOSE	I a .	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Lahor Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Political Signs / Storage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	
	Date	Payee name	
	11/01/2024	Campos, Joe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00		
	Ţ-,···		
		San Antonio, TX 78210	
	DUDDOCE	<u> </u>	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Lahor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Sign Placement/Maintenance	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 6/27 Rpt: 19/40	2 FILER NAME Campos, Elizabeth (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084192
4	Date	5 Payee name
	11/12/2024	Campos, Joe
6	Amount (\$) \$1,300.00	7 Payee address; City; State; Zip Code 1035 Rigsby
		San Antonio, TX 78210
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sign Pickup
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/17/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.61	6910 S Flores St
		San Antonio, TX 78214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Cook if Austin, TX, officeholder living expense
		Gas
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/22/2024	Circle
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.58	1901 S. New Braunfels
		San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Expense
		Gas
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/27 Rpt: 20/40	Campos, Elizabeth (The Honorable) 00084192
4 Date	5 Payee name
11/07/2024	Con Amor Cocina
6 Amount (\$) \$189.13	7 Payee address; City; State; Zip Code 2314 Steve Ave San Antonio, TX 78210
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Food/Beverage
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/15/2024	Con Amor Cocina
Amount (\$)	Payee address; City; State; Zip Code
\$193.67	2314 Steve Ave
	San Antonio, TX 78210
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Food/Beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Con Amor Cocina
Amount (\$)	Payee address; City; State; Zip Code
\$53.60	2314 Steve Ave
	San Antonio, TX 78210
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Campaign Food/Beverage
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 8/27 Rpt: 21/40	Campos, Elizabeth (The Honorable) 00084192	
4	Date	5 Payee name	
	12/22/2024	Con Amor Cocina	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$118.14	2314 Steve Ave	
		San Antonio, TX 78210	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Campaign Food/Beverage	
			_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit Grot	'	_
	Date	Payee name	
	12/26/2024	Con Amor Cocina	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$430.59	2314 Steve Ave	
		San Antonio, TX 78210	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Campaign Food/Beverage	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	12/24/2024	Cort Furniture	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$427.04	9821 N. IH 35	
		Austin, TX 78753	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	ZA ZIIDII GIAZ	X Check if Austin, TX, officeholder living expense	
		Austin Housing / Furniture	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees

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

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

	Credit Card Payment		The Instruction Guide explains how to co	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/27 Rpt: 22/40		Campos, Elizabeth (The Honorable)		00084192
4	Date	5	Payee name		·
	11/15/2024		Eddie V's		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$174.90		1834 N Loop 1604		
			San Antonio, TX 78289		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Campaign Food/Beverage
					Campaign 1 000/Beverage
9	Complete ONLY if direct	Щ	Candidate/Officeholder name Office sou	Liaht	t Office held
	expenditure to benefit C/O		Sandidator Sinderioradi. Harrie	agiit	Cince Hold
_	Date	$\overline{}$	Payee name		
	10/29/2024		Emyan Strategies		
_	Amount (\$)	⊬	Payee address; City; State; Zip Co	odo	
	\$102.21		25114 Orchard Acres	oue	
	Φ102.21		23114 Oldhard Adles		
			Con Autoria TV 70004		
		Ļ	San Antonio, TX 78261	T	
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense		Check if daver dustine of Texas. Complete Scriedule 1.
					Social Media
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	t Office held
	expenditure to benefit C/O	Н			
	Date	T	Payee name		
	11/02/2024		Express News		
	Amount (\$)	T	Payee address; City; State; Zip Co	ode	
	\$19.96		420 Broadway		
			San Antonio, TX 78204		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE				Check if Austin, TX, officeholder living expense
					Subscription
	0 1: 0 1: 0	辶		Ļ	000
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sou	ught	t Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District
Travel Out of District
OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/27 Rpt: 23/40	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	11/30/2024	Express News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.91	420 Broadway
		San Antonio, TX 78204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Subscription
_	Compulate ONLY if direct	Candidate/Officeholder some
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	12/28/2024	Express News
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.96	420 Broadway
		San Antonio, TX 78204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	11/16/2024	Fedex
	Amount (\$) \$100.66	Payee address; City; State; Zip Code 7900 Legacy Drive
	Ψ100.00	1300 Legacy Drive
		Plana TV 75024
		Plano, TX 75024
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign/Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/27 Rpt: 24/40	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	11/23/2024	Fedex
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.91	7900 Legacy Drive
		Plano, TX 75024
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign/Office Supplies
		Campaigin emos cappiles
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davida nama
	10/29/2024	Payee name Garcia
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	718 Amber Knoll
		San Antonio, TX 78251
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davido namo
	12/22/2024	Payee name Godaddy
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.44	2155 E. GoDaddy Way
		Tempe, AZ 85284
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Computers/Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)					
	Credit Card Payment			The Instruction G	uide explains ho	ow to cor	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comr	nission Filers)
	Sch: 12/27 Rpt: 25/40		Campos, El	izabeth (The H	onorable)					00084192		
4	Date	5	Payee name									
	12/23/2024		Godaddy									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
-	\$255.72	ı	2155 E. Gol		,							
	*			,								
			Tompo A7	05204								
_		⊢	Tempe, AZ									
8	PURPOSE OF	(a)		ee Categories listed at		lule)	(b)	Description	o. ito:	do of Toyon Con	anleta Cabadula T	
	EXPENDITURE		Office Overl	nead/Rental Ex	pense			=		officeholder livin	nplete Schedule T. a expense	
								Computers/S				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Off	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н				•	•					
	Date	Т	Payee name									
	12/24/2024		Godaddy									
	Amount (\$)	┢	Payee addres	ss; City;	State:	Zip Co	de					
	\$192.72		2155 E. Gol	, ,,	Otato,	_ip	uo					
	4102.112		2100 2. 00.	Jaaay Way								
			Tempe, AZ	05204								
	DUDDOOF	_	-			1	/I- \					
	PURPOSE OF	(a)		e Categories listed at		lule)	(a)	Description Check if travel (outei	de of Teyas Con	nnlata Schadula T	
EXPENDITURE			Office Overhead/Rental Expense				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
								Computers/S	oft	ware		
	Complete ONLY if direct		Candidate/Offi	ceholder name	Off	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/23/2024		Gonzales, A	nalesa								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$300.00		2606 Hiawa	tha								
			San Antonio	, TX 78210								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the ton of this sched	lule)	(b)	Description				
	OF	``		/Memorials Exp		luio,			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			•						officeholder livin	g expense	
								Christmas Ev	/en	t		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Off	fice sou	ght			Office h	eld	
	experience to beliefft C/OI	' '										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

on Filers)
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		/ages	/Contract Labor		OTHER (enter a	category not listed a	oove)
	oroun oura'r aymone			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 14/27 Rpt: 27/40		Campos, Eli	zabeth (The H	onorable)					00084192		
4	Date	5	Payee name									
	12/23/2024		Gordon, Am	anda								
6	Amount (\$)	7	Payee addres	ss; City;	State:	; Zip Co	de					
	\$150.00		322 Green N	Meadow Blvd								
			San Antonio	. TX 78213								
8	PURPOSE	(a)					(b)	Description				
ľ	OF	(س)		e Categories listed at Memorials Exp		iedule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		OnuAwarasi	Wellionais Ex	Jense					officeholder living	•	
								Christmas Ev	ent	İ		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	11/27/2024		HEB									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$32.20		4100 S. Nev	v Braunfels								
			San Antonio	, TX 78210								
	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this sch	iedule)	(b)	Description				
	OF	` `		on Equipment					outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense					Check if Austin,	, TX,	officeholder living	g expense	
								Gas				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	(Office sou	ght			Office he	eld	
	experientare to benefit or of											
	Date		Payee name									
	12/08/2024		HEB									
	Amount (\$)		Payee addres	ss; City;	State:	; Zip Co	de					
	\$170.65		4100 S. Nev	v Braunfels								
			San Antonio	, TX 78223								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex		ŕ					plete Schedule T.	
	LAI LINDITORE							_		officeholder living	g expense	
								Campaign/Of	TICE	Supplies		
_	Complete ONLY if allower	L,	Condidate /Off	acholder =)#ic	ale t			O#:!	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	(Office sou	gnt			Office he	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/27 Rpt: 28/40 Campos, Elizabeth (The Honorable) 00084192 4 Date Payee name 12/30/2024 HEB 6 Amount (\$) Payee address; City; State; Zip Code \$102.71 4100 S. New Braunfels San Antonio, TX 78223 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Food/Beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/30/2024 **HEB** Amount (\$) Payee address; City; State; Zip Code \$106.27 4100 S. New Braunfels San Antonio, TX 78223 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign/Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

Amount (\$) \$195.77	Payee address; City; Stat 4100 S. New Braunfels	te; Zip Code	
Q100.11	San Antonio, TX 78223		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Office Overhead/Rental Expense		escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ampaign/Office Supplies
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held

Payee name

HEB

Date

12/30/2024

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/27 Rpt: 29/40	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	12/01/2024	Highland Park NA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	901Bode
		San Antonio, TX 78210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Contribution
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	12/08/2024	Home Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.75	3111 SE Miltary Drive
		San Antonio, TX 78223
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign/Office Supplies
		Campaign on or cappilor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	Para a same
	Date	Payee name
	11/07/2024	J Alexander's
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.58	255 E. Basse
		San Antonio, TX 78259
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
	Complete ONLY if alice -	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/27 Rpt: 30/40	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	10/27/2024	Josephine Street
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.64	400 E. Josephine
		San Antonio, TX 78215
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Food/Beverage
		Gampaigin rood/2010lage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	12/22/2024	Payee name Kimpton - Dean's Steakhouse
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,457.54	423 S. Alamo
		San Antonio, TX 78229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Food/Beverage
		Gampaigin rood/2010/ago
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
_	Date	Davies name
	11/19/2024	Payee name LSG
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1100 Congress Avenue
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 18/27 Rpt: 31/40	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	11/20/2024	MALC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	1108 Lavaca
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Dues
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/29/2024	MALC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1108 Lavaca
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Dues
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/30/2024	Marshalls
	Amount (\$)	Payee address; City; State; Zip Code
	\$279.67	4224 S. New Braunfels
		San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign/Office Supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Emportante to benefit 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/27 Rpt: 32/40	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	11/14/2024	Metropolis Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.99	144 2nd St.
		Nashville, TN 37138
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Parking
		T WINING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name Matropolio Porking
	11/25/2024	Metropolis Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.99	144 2nd St.
		Nashville, TN 37138
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Parking
		raiking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	11/28/2024	Mittman Taco
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.34	11125 S. Mittman
		San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 20/27 Rpt: 33/40	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	10/27/2024	Mormando, Garrett
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$1,700.00	530 Elmhurst
		San Antonio, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Data Input
Ļ	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	·	
l	Date	Payee name
L	11/17/2024	NOLA Brunch
l	Amount (\$)	Payee address; City; State; Zip Code
	\$239.85	1101 Broadway
		San Antonio, TX 78229
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	11/13/2024	Owls Nest
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.72	1101 19th St.,
l		
		Hondo, TX 78861
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	The state of the s	

SCHEDULE F1

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 21/27 Rpt: 34/40	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	12/20/2024	PF Changs #9400
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$149.44	201 San Jacinto
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/31/2024	Pollo Asados
	Amount (\$) \$41.62	
	\$41.02	4642 Rigsby
		San Antonio, TX 78222
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORL	Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
_		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/15/2024	Pollos Asados
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.44	4642 Rigsby
		San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
	Operation ONLY if allowed	Our distance (Office health an arrange of the annual health and the control of the second of the control of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 22/27 Rpt: 35/40	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	10/31/2024	Professional Campaign Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8,500.00	5 Turin Ct
		San Antonio, TX 78257
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Voter Contact
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/14/2024	Professional Campaign Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$8,500.00	5 Turin Ct
	φο,οσο.σσ	
		San Antonio, TX 78257
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Voter Contact
		Votor Gornaut
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/20/2024	QT
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.97	5538 US Highway 87
	402.01	
		San Antonio, TX 78239
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Gas
	Operation ONLY if allowed	Our did at 10 ff as hald a group of the same to the sa
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 23/27 Rpt: 36/40	Campos, Elizabeth (The Honorable)
4 Date	5 Payee name
11/02/2024	Spectrum VoIP
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$333.66	2900 Gateway Dr.
	Ste. 620
	Irving, TX 75063
8 PURPOSE	
OF OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Office Phone internet
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Spectrum VoIP
Amount (\$)	Payee address; City; State; Zip Code
\$300.32	2900 Gateway Dr.
4000.02	Ste. 620
	Irving, TX 75063
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Phone internet
	Since I holle internet
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/26/2024	St. James Catholic Church
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	907 W Theo Ave
	San Antonio, TX 78225
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Continuation
Complete CNU V if all	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/27 Rpt: 37/40	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	12/06/2024	Star Stop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.30	2142 East Southcross
		San Antonio, TX 78223
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Fxpense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	d v v v v v v v v v v v v v v v v v v v
	Date	Payee name
	11/09/2024	Switchboard
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,402.88	P.O. Box 33485
		Washington, DC 20033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Computers/Software
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/14/2024	TKF - Tags
	Amount (\$)	Payee address; City; State; Zip Code
	\$217.05	2211 W. Anderson Loop
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Toll Fees
		Toll rees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

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

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Fees OO
Food/Beverage Expense Po
Gitt/Awards/Memorials Expense Pr
Legal Services Si

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 25/27 Rpt: 38/40	Campos, Elizabeth (The Honorable) 00084192				
4	Date	5 Payee name				
	11/03/2024	Taco Haven				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$116.65	1032 S. Presa				
		San Antonio, TX 78210				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Campaign Food/Beverage				
		Campaight oou, Develage				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
F	Date	Payee name				
	11/22/2024	Taco Haven				
H	Amount (\$)	Payee address; City; State; Zip Code				
	\$51.48	1032 S. Presa				
		San Antonio, TX 78210				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Campaign Food/Beverage				
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
	Date	Payee name				
	11/10/2024	Taquero Mucho				
Н	Amount (\$)	Payee address; City; State; Zip Code				
	\$50.47	508 West				
		Austin, TX 78701				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Campaign Food/Beverage				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
\vdash						
I						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
-	Sch: 26/27 Rpt: 39/40	Campos, Elizabeth (The Honorable) 00084192				
4	Date	5 Payee name				
	12/03/2024	Texas House Democratic Caucus				
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code P.O. Box 12453 Austin, TX 78701				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Fees Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense Dues				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	12/12/2024	The Whitley				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2,405.00	301 Brazos				
		Austin, TX 78701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.				
	ZA ZADITORZ	X Check if Austin, TX, officeholder living expense				
		Austin Housing / Rent				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name				
	11/19/2024	Thompson NA				
\vdash	Amount (\$)	Payee address; City; State; Zip Code				
	\$250.00	214 W Academy				
	φ230.00	214 W Academy				
		San Antonio, TX 78226				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.				
		Candidate/Officeholder/Political Committee				
		Sofiandation				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)			
	Sch: 27/27 Rpt: 40/40	Campos, Elizabeth (The Honorable)			00084192				
4	Date	5 Payee name							
l	12/23/2024	Twin Liquors							
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de						
	\$252.53	999 E. Bassee							
l									
l		San Antonio, TX 78209							
8	PURPOSE		(b) r						
ľ	OF	, , , , , , , , , , , , , , , , , , , ,	(D) [Description Check if travel outside	de of Texas, Com	nlete Schedule T			
l	EXPENDITURE	Food/Beverage Expense	ŀ	Check if Austin, TX,					
l			(Campaign Food/					
l									
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght		Office he	eld			
l	expenditure to benefit C/O	-							
F	Date	Payee name							
l	11/13/2024	Water Coffee							
┝	Amount (\$)	Payee address; City; State; Zip Coc	40						
l	\$27.97	1150 Assembly Dr	J.C						
l	Ψ21.31	1130 Assembly Di							
l									
L		Tampa, FL 33607							
l	PURPOSE OF	, , ,	(b) [Description					
l	EXPENDITURE	Food/Beverage Expense	Ļ	Check if travel outsion Check if Austin, TX,					
l			(— Campaign Food/					
┢	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght		Office he	eld			
l	expenditure to benefit C/O		-						
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l									
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