#### FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 219 00068678 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Donna Campbell Date Received **ELECTRONICALLY FILED** 07/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1308 Common Street Ste 205 Box 719 Date Hand-delivered or Date Postmarked New Braunfels, TX 78130 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. John NAME NICKNAME LAST **SUFFIX** Steen STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1 E. Greenway Plz., Ste. 225 STREET **ADDRESS** (Residence or Business) Houston, TX 77046 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1 E. Greenway Plz., Ste. 225 MAILING **ADDRESS** Houston, TX 77046 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 526-3399 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Year Month Day Year Day COVERED 01/01/2025 **THROUGH** 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff General Special

## 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 Cam	obell		00068678	
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME		
PURPOSE		Donna Campbell		
(Attach lists on plain paper to complete this	Candidate			
report if necessary.)	X Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)	
	<u> </u>	State Senator	,	
SUPPORT				
(Candidate or Measure)		BALLOT IDENTIFICATION / #		ION DATE
OPPOSE			Month	Day Year
(Candidate or Measure)	_			
X ASSIST	Measure	DESCRIPTION		
(Officeholder)		BESSIAII TIGIA		
15 CONTRIBUTION TOTALS		NTRIBUTIONS OF \$50 OR LESS (OTHER THAN EES OF LOANS, OR CONTRIBUTIONS MADE	N PLEDGES,	<b>\$</b>
TOTALS	ELECTRONICALLY), U			\$ \$0.00
	2. TOTAL POLITICAL (	CONTRIBUTIONS		
		ES, LOANS, OR GUARANTEES OF LOANS)		\$ \$16,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED P	OLITICAL EXPENDITURES		\$ \$98.83
				\$ \$98.83
	4. TOTAL POLITICAL I	EXPENDITURES		
				\$ \$237,343.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL COI	NTRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	<b>\$</b> \$1,434,925.47
				Ψ Ψ1,434,923.47
OUTSTANDING	6. TOTAL PRINCIPAL AM	OUNT OF ALL OUTSTANDING LOANS AS OF	THE LAST	
LOAN TOTALS	DAY OF THE REPORT			\$ \$0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of perj and correct and includes all information		
		Title 15, Election Code.		roportion by the united
		Mr. lol	nn Steen	
		Signature of Ca		er
AFFIX NOTARY	STAMP / SEAL ABOVE	o.ga.s o. Ca	pa.gaaaa.	<b>o</b> .
Sworn to and subscribed	before me. by the said	, ti	his the	day
		ch, witness my hand and seal of office.		
Signature of officer ad	ministering oath Pri	nted name of officer administering oath	Title of office	er administering oath

## **SUBTOTALS - SPAC**

## FORM SPAC COVER SHEET PG 3 3 of 219

				0 01 213			
17 COMMIT	TEE NAME	(Ethic	cs Commission Filers)				
	Friends of Donna Campbell 00068678						
	JLE SUBTOTALS F SCHEDULE		,	SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	16,000.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	·R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$				
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$				
7.	SCHEDULE E: LOANS		\$				
8. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	166,919.88			
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		\$	70,423.97			
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$				
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$				
14. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	25,424.39			

	MONET		SCHE	JUL	E <b>A1</b>		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A Sch: 1/1 Rpt: 4/219	1:	
2	FILER NAME Friends of D	onna Campbell		3	Filer ID (Ethics Comm 00068678	issio	n Filers)
4	Date 06/23/2025	Full name of contributor		7	Amount of Contribution		\$1,000.00
8	Principal occu	San Antonio, TX 78257  upation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Manager	pation 7 sob title (See instructions)	Petland	3)			
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Texans For Lawsuit Reform PAC  Contributor address; City; State; Zip Code			Amount of Contribution		\$10,000.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard  Contributor address; City; State; Zip Code  Houston, TX 77027			Amount of Contribution		\$5,000.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions Weekley Properties	<u> </u> s)			

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/75 Rpt: 5/219	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	05/14/2025	3 Forks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.00	111 Lavaca St
		Austin, TX 78701
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.
		Capitol Staff Meeting
		Suprior Start Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
	Data	
	Date	Payee name
	04/18/2025	54th Street
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.41	22902 US 281
		San Antonio, TX 78258
	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.
	-	Campaign Staff Meeting
		Campaigh Stail Weeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	02/13/2025	A-Tan Asian Bistro
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.15	1528 E Commons St
		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.
	-	Campaign Staff Meeting
		Campaign Stail Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/75 Rpt: 6/219	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	06/11/2025	ALC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1205 N Lamar
		Austin, TX 78703
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  Capitol Staff Meeting
		Capitor Starr Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
H	Date	Payee name
	01/11/2025	Ace Parking
H	Amount (\$)	Payee address; City; State; Zip Code
	\$14.00	4477 S Lamar
	Ψ11100	THE Section
		Austin, TX 78745
	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  Campaign Staff Parking
		Campaign Stan Larking
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
F	Date	Payee name
	05/07/2025	Amazon
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$18.63	410 Terry Ave N
	,	
		Seattle, WA 98109
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		District Office Supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

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	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: 3/75 Rpt: 7/219	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	04/07/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.64	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		District Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_	Date	Power name
	05/20/2025	Payee name Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.85	410 Terry Ave N
		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.
		Capitol Office Supplies
		Capitor Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/03/2025	American Express
$\vdash$		·
	Amount (\$) \$2,063.62	Payee address; City; State; Zip Code PO Box 650448
	Φ2,003.02	FO DOX 030440
		Dollar TV 75265
		Dallas, TX 75265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Credit Card Payment  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Credit Card Payment
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	Pollin pense Printi	g Expens ng Expen			Travel in District Travel Out of Dis	
	orean out a tyment		The Instruction Guid	e explains how to	compl	ete this form.			
1	Total pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/75 Rpt: 8/219	Friends of	Donna Campbell					00068678	
4	Date	5 Payee nam	e						
	04/02/2025	American							
6	Amount (\$)	<b>7</b> Payee addr	<u> </u>	State; Zip	Code				
ľ	\$2,100.63	PO Box 6!		State, Zip	Couc				
	Ψ2,100.03	FO BOX 0.	00440						
		Dallas, TX	75265						
8	PURPOSE				(h)	Description			
ľ	OF		See Categories listed at the to describe the second	top of this schedule)	(3)	:	outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	Groun ou.	a r aymont			Check if Austin	, TX	, officeholder living	g expense
						Campaign Cr	red	it Card Payr	nent
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office	sought			Office he	eld
_	D :	Γ							
	Date	Payee nam							
	02/03/2025	American	Express						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$2,512.34	PO Box 6	50448						
		Dallas, TX	75265						
	PURPOSE	(a) Category	See Categories listed at the t	top of this schedule)	(b)	Description			
	OF EXPENDITURE		d Payment						plete Schedule T.
	ZA ZHOHOKZ					<b>—</b>		, officeholder living	
						Campaign Cr	rea	it Card Payr	nent
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office	sought			Office h	eld
-	Data	Davis a nom							
	Date 04/28/2025	Payee nam							
		American							
	Amount (\$)	Payee addr		State; Zip	Code				
	\$3,736.03	PO Box 6	50448						
		Dallas, TX	75265						
	PURPOSE	(a) Category	See Categories listed at the t	top of this schedule)	(b)	Description			
	OF EXPENDITURE		d Payment			<b></b>			plete Schedule T.
	LAFENDITORE					_		, officeholder living	
						Campaign Cr	red	it Card Payr	nent
	Complete ONLY if direct		fficeholder name	Office	sought			Office he	eld
	expenditure to benefit C/OI	1							
Ec:	rms provided by Tayas F	thios Commis	sion Mana	w othics state	V 110				Version V// 1 0 f10d0fc

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 5/75 Rpt: 9/219	Friends of Donna Campbell 00068678	
4	Date	5 Payee name	
	06/03/2025	American Express	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8,894.22	PO Box 650448	
		Dallas, TX 75265	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Campaign Credit Card Payment	
		Campaign croan card raymone	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
,	expenditure to benefit C/O		
_	Data	Г	=
	Date	Payee name	
	01/02/2025	American Express	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14,574.12	PO Box 650448	
		Dallas, TX 75265	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Campaign Credit Card Payment	
		Campaign Credit Card Fayment	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	<b>y</b>	
		<u> </u>	_
	Date	Payee name	
	06/25/2025	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$39.30	1340 Poydras St Ste 1770	
		New Orleans, LA 70112	
	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	
		Campaign Online Contribution Fees	
	0 1 0 0 1 1 1 1		_
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

### 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	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/75 Rpt: 10/219	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	05/07/2025	Arnold, Elaine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$450.00	7809 Valburn Dr
		Austin, TX 78731
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sine Die Shirts for Staff
		Sine Die Shirts für Stall
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_	·	
	Date	Payee name
	02/04/2025	At Home
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.99	626 S Walnut
		New Braunfels, TX 78130
	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  District Office Supplies
		District Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name Austin Club
	01/31/2025	
	Amount (\$)	Payee address; City; State; Zip Code
	\$538.34	110 E 9th St
L		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Facilities Rental
		Campaign Facilities Rental
	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 -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: 7/75 Rpt: 11/219	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	06/11/2025	Ay Chiwawa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.35	1615 Access TX 1604
		San Antonio, TX 78232
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 Staff Meeting
		Campaign Can mooning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Davies same
	01/22/2025	Payee name BJ's Restaurants
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.28	2951 Cold Spring Dr
		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.
		Check if Austin, TX, officeholder living expense  Campaign Staff Meeting
		Campaign Clair Weeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_	Data	Device same
	Date 01/01/2025	Payee name Birdwell, Shane
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	22309 Chipotle Pass
		Spicewood, TX 78669
	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
		Campaign Contract Labor
		Campaign Contiduct Labor
	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 Co

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/75 Rpt: 12/219	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	02/01/2025	Birdwell, Shane
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	22309 Chipotle Pass
		Spicewood, TX 78669
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.
		Check if Austin, TX, officeholder living expense  Campaign Contract Labor
		Campaigh Contract Eabor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	03/01/2025	Birdwell, Shane
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	22309 Chipotle Pass
		Spicewood, TX 78669
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign Contract Lobor
		Campaign Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/01/2025	Birdwell, Shane
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	22309 Chipotle Pass
		Spicewood, TX 78669
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/75 Rpt: 13/219	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	05/01/2025	Birdwell, Shane
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	22309 Chipotle Pass
		Spicewood, TX 78669
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
		Campaign Contract Labor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/01/2025	Birdwell, Shane
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	22309 Chipotle Pass
		Spicewood, TX 78669
	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
		Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/01/2025	Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1 E Greenway Plaza Ste 225
		Houston, TX 77046
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Consulting Fees
		Sampaign Consulting 1 ccs
	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/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains	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)
_		· ·	now to complete this form.	1
1	Total pages Schedule F1: Sch: 10/75 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
_	·	·		
4	Date 02/01/2025	5 Payee name Blakemore & Associates		
_			7' 0 1	
6	Amount (\$) \$2,500.00	7 Payee address; City; State 1 E Greenway Plaza Ste 225  Houston, TX 77046	; Zip Code	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Consulting Expense	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Consulting Fees
9	Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office held
	Date	Payee name		
	03/01/2025	Blakemore & Associates		
	Amount (\$)	Payee address; City; State	; Zip Code	
	\$2,500.00	1 E Greenway Plaza Ste 225		
		Houston, TX 77046		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Consulting Expense	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Consulting Fees
	Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office held
	Date 04/01/2025	Payee name Blakemore & Associates		
	Amount (\$) \$2,500.00	1 E Greenway Plaza Ste 225	; Zip Code	
		Houston, TX 77046	į	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Consulting Expense	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Consulting Fees
	Complete ONLY if direct expenditure to benefit C/Oh		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 Comi

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

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

	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: 11/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	05/01/2025	Blakemore & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1 E Greenway Plaza Ste 225
		Houston, TX 77046
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Consulting Fees
		Campaigh Consuling Lees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	06/01/2025	Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1 E Greenway Plaza Ste 225
		Houston, TX 77046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Consulting Fees
		Campaigh Consuling rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	_
	Date	Payee name
	01/08/2025	Blanco County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	PO Box 190
		Johnson City, TX 78636
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Campaign Luncheon Fees
	Commission ONU Wife allows	Condidate/Officeholder norm
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/75 Rpt:	Friends of Donna Campbell 00068678
4 Date	5 Payee name
02/10/2025	Bose
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$323.67	100 Mountain Rd
	Framingham, MA 01701
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 Officeholder Headphones
	Officerolaer Fleauphones
O Commisto ONII V if divest	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	
Date	Payee name
05/13/2025	Brazos Valet
Amount (\$)	Payee address; City; State; Zip Code
\$20.00	210 E MLK Blvd
	Austin, TX 78701
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	Expense Check if Austin, TX, officeholder living expense Campaign Staff Parking
	Cumpugn Stan Laking
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/C	
<u> </u>	<u> </u>
Date	Payee name
04/25/2025	Brazos Valet
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	210 E MLK Blvd
	Austin, TX 78701
	Additi, 1X 70701
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Staff Parking
OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Staff Parking  Candidate/Officeholder name  Office sought  Office held
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Staff Parking  Candidate/Officeholder name  Office sought  Office held
OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Staff Parking  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	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: 13/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	06/11/2025	Buenos Aires Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.00	1201 E 6th St
		Austin, TX 78702
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  Capitol Staff Meeting
		Supilor Start Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Date	Davida marra
	01/08/2025	Payee name
L		Camino Real Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	9 Inwood Crown
		San Antonio, TX 78248
	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 Luncheon Fees
		Campaign Eulicheon Fees
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	02/04/2025	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.06	1400 North Congress Ave
		Austin, TX 78701
1	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Constituent Gifts
		Consuluent Girls
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		
l		

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/ Officeholds/(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	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: 14/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	02/04/2025	Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.30	1400 North Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Constituent Gifts
		Constituent onto
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Dougo nomo
	02/04/2025	Payee name
		Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.30	1400 North Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Constituent Gifts
		Consultent onts
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 06/11/2025	Payee name  Carve
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.00	2613 Perseverance Dr
		Austin, TX 78731
	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.
		Capitol Staff Meeting
		Supitor Start Weeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

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

Fees Office of Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing Legal Services Salarie

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	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/75 Rpt:	Friends of Donna Campbell	00068678
4	Date	5 Payee name	<u>'</u>
	04/13/2025	Chama Gaucha	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$189.88	18318 Sonterra PL	
		San Antonio, TX 78258	
8	PURPOSE		Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	[	Check if Austin, TX, officeholder living expense
			Campaign Staff Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/OI	'	
	Date	Payee name	
	01/31/2025	Chase Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,341.95	PO Box 15123	
		Dallas, TX 75265	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Campaign Credit Card Payment
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
	Data	David and the second se	
	Date 02/21/2025	Payee name Chase Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,901.35	PO Box 15123	
		Dalla - TV 75005	
		Dallas, TX 75265	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , ,	Description  Check if travel outside of Taylor Complete School La T
	EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		L	Campaign Credit Card Payment
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H			
l			

### SCHEDULE F1

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

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

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)

04/21/2025 Chase Bank  7 Payee address; City; State; Zip Code \$6,461.05 PO Box 15123  Dallas, TX 75265	Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
Date 04/21/2025 5 Payee name Chase Bank 7 Payee address; City; State; Zip Code PO Box 15123 Dallas, TX 75265	Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers
Amount (S)	Sch: 16/75 Rpt:	Friends of Donna Campbell	00068678
Amount (S)	1 Date	5 Payee name	
Dallas, TX 75265  PURPOSE OF EXPENDITURE  Candidate/Officeholder name  Office sought  Campaign Credit Card Payment  Campaign Credit Card Payment  Date OFEXPENDITURE  Candidate/Officeholder name  Office sought  Office held  Date OFEXPENDITURE  (a) Category (see Categories listed at the top of this schedule) OFEXPENDITURE  Candidate/Officeholder name  Office sought  Office held  Office held  Office held  Description Check if travel outside of Toxas. Complete Schedule T. Chase Bank  OFEXPENDITURE  (b) Description Check if travel outside of Toxas. Complete Schedule T. Chase Bank  OFEXPENDITURE  Candidate/Officeholder name  Office sought  Office held  Office held  Date Office held  Date Office held  Date Office held  Date Office held  Office held  Office held  Office held  Office held  Credit Card Payment  Office held  Office held  Credit Card Payment  Office held  Credit Card Payment  Office held  Office held  Credit Card Payment  Office held	04/21/2025		
Dallas, TX 75265    PURPOSE OF EXPENDITURE	6 Amount (\$)	7 Payee address; City; State; Zip C	ode
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  Credit Card Payment  Credit Card Payment  Candidate/Officeholder name  Office sought  Office held  Office held	\$6,461.05	PO Box 15123	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  Credit Card Payment  Credit Card Payment  Candidate/Officeholder name  Office sought  Office held  Office held			
Credit Card Payment    Credit Card Payment		Dallas, TX 75265	
Credit Card Payment	B PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete ONLY if direct expenditure to benefit C/OH			Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	LAI LINDITORE		
Date 05/20/2025 Chase Bank  Amount (\$) Payee address; City; State; Zip Code PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  Candidate/Officeholder name 06/06/2025 Chase Bank  Candidate/Officeholder name Office sought  Check if ravel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought  Office held  Date 06/06/2025 Chase Bank  Amount (\$) Payee name Chase Bank  Amount (\$) Payee address; City; State; Zip Code PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Date 06/06/2025 Chase Bank  Amount (\$) Date Chase Bank  Amount (\$) Chase Bank  Chase Bank  Chase Bank  Chase Bank  Chase Bank  Chase Bank  Office held  Office held  Office held  Office held  Credit Card Payment  Office Candidate/Officeholder name Office Sought  Office held  Office held			Campaign Credit Card Payment
Date 05/20/2025 Chase Bank  Amount (\$) Payee address; City; State; Zip Code PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  Candidate/Officeholder name 06/06/2025 Chase Bank  Candidate/Officeholder name Office sought  Check if ravel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought  Office held  Date 06/06/2025 Chase Bank  Amount (\$) Payee name Chase Bank  Amount (\$) Payee address; City; State; Zip Code PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Date 06/06/2025 Chase Bank  Amount (\$) Date Chase Bank  Amount (\$) Chase Bank  Chase Bank  Chase Bank  Chase Bank  Chase Bank  Chase Bank  Office held  Office held  Office held  Office held  Credit Card Payment  Office Candidate/Officeholder name Office Sought  Office held  Office held	Complete ONLY if direct	Candidata/Officabaldar nama Offica co	Office hold
Amount (\$)			ugnit Office field
Amount (\$)		Т	
Amount (\$)  Payee address; City; State; Zip Code  PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  Candidate/Officeholder name  Complete QNLY if direct expenditure to benefit C/OH  Date 06/06/2025  Amount (\$)  Payee address; City; State; Zip Code  Po Box 15123  Candidate/Officeholder name  Office sought  Office held  Payee name Chase Bank  Amount (\$)  Payee address; City; State; Zip Code  \$11,222.46  Po Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule)  Credit Card Payment  (b) Description  Check if Turvel outside of Texas. Complete Schedule T.  Chase Bank  (b) Description  Check if Invalidate of Texas. Complete Schedule T.  Chase Bank  Chase Bank  Amount (\$)  Payee address; City; State; Zip Code  PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule)  Credit Card Payment  Check if Turvel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Campaign Credit Card Payment  Complete QNLY if direct  Candidate/Officeholder name  Office sought  Office held			
Se,933.08  PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Credit Card Payment  Complete ONLY if direct expenditure to benefit C/OH  Date O6/06/2025  Chase Bank  Amount (\$) Payee address; City; State; Zip Code \$111,222.46  PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Chase Bank  Po Box 15123  Dallas, TX 75265  (a) Category (see Categories listed at the top of this schedule) Credit Card Payment  (b) Description (b) Description (c) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder inving expense Campaign Credit Card Payment  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office sought  Office held			
Dallas, TX 75265    PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule)   Credit Card Payment   Credit Card Payment   Credit Card Payment   Credit Card Payment   Candidate/Officeholder name   Office sought   Office held	• •		ode
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Irving expense Campaign Credit Card Payment  Complete ONLY if direct expenditure to benefit C/OH  Date O6/06/2025  Chase Bank  Amount (\$) Payee address; City; State; Zip Code \$11,222.46 PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  (b) Description Check if Austin, TX, officeholder Irving expense Campaign Credit Card Payment  (b) Description Check if Austin, TX, officeholder Irving expense Campaign Credit Card Payment  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	\$6,933.08	PO Box 15123	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Irving expense Campaign Credit Card Payment  Complete ONLY if direct expenditure to benefit C/OH  Date O6/06/2025  Chase Bank  Amount (\$) Payee address; City; State; Zip Code \$11,222.46 PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  (b) Description Check if Austin, TX, officeholder Irving expense Campaign Credit Card Payment  (b) Description Check if Austin, TX, officeholder Irving expense Campaign Credit Card Payment  Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name  Office sought  Office sought  Office held  Office held  Office held  Office held  Office held  Date Payee name  Chase Bank  Amount (\$) Payee address; City; State; Zip Code  \$11,222.46 PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  Office Card Payment  (a) Category (see Categories listed at the top of this schedule)  Credit Card Payment  Office sought  Office held  (b) Description   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   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 Credit Card Payment  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		Dallas, TX 75265	
Complete ONLY if direct expenditure to benefit C/OH  Date			l —
Complete ONLY if direct expenditure to benefit C/OH  Date		Credit Card Payment	
Complete ONLY if direct expenditure to benefit C/OH  Date			
Date 06/06/2025 Chase Bank  Amount (\$) Payee address; City; State; Zip Code PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			
Date 06/06/2025 Chase Bank  Amount (\$) Payee address; City; State; Zip Code PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Credit Card Payment  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
O6/06/2025 Chase Bank  Amount (\$) Payee address; City; State; Zip Code  \$11,222.46 PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Credit Card Payment  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	expenditure to benefit C/0	)H	
O6/06/2025 Chase Bank  Amount (\$) Payee address; City; State; Zip Code  \$11,222.46 PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Credit Card Payment  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	Date	Pavee name	
\$11,222.46 PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Credit Card Payment  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	06/06/2025	I	
\$11,222.46 PO Box 15123  Dallas, TX 75265  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Credit Card Payment  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	Amount (\$)	Pavee address: City: State: Zip C	code
Dallas, TX 75265  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Credit Card Payment  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Credit Card Payment  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	, , -		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Credit Card Payment  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		Dallas TX 75265	
OF EXPENDITURE  Credit Card Payment  Credit Card Payment  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Campaign Credit Card Payment  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	DUDDOSE		(h) Description
Complete ONLY if direct  Candidate/Officeholder name  Check if Austin, TX, officeholder living expense Campaign Credit Card Payment  Office sought  Office held	OF		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	EXPENDITURE	Credit Card F dyment	
			Campaign Credit Card Payment
experialitie to beliefit G/OFI			ught Office held
	experiorare to benefit C/C	<i></i>	

#### 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 Salaries/Wages/Contract Labor

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

Legal Services 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: 17/75 Rpt: Friends of Donna Campbell 00068678 4 Date Payee name 03/18/2025 Chase Bank 6 Amount (\$) Payee address; City; State; Zip Code \$15,625.58 PO Box 15123 Dallas, TX 75265 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. Credit Card Payment **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Credit Card Payment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/25/2025 Chick-Fil-A Amount (\$) Payee address; City; State; Zip Code \$10.15 500 E Ben White Blvd Austin, TX 78704 **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 Capitol Staff Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/08/2025 Chick-Fil-A Amount (\$) Payee address; City: State; Zip Code \$20.85 5289 Kyle Center Dr Kyle, TX 78640 **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 Staff Meeting 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
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)

	Credit Card Payment		The Instruction Guid	e explains how to co	mple	ete this form.		
1	Total pages Schedule F1:	2 FI	LER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 18/75 Rpt:	Fr	riends of Donna Campbell				00068678	
4	Date	<b>5</b> Pá	ayee name			-		
	03/15/2025	C	hick-Fil-A					
6	Amount (\$)	<b>7</b> Pa	ayee address; City;	State; Zip Co	ode			
	\$37.28	52	289 Kyle Center Dr					
		K)	yle, TX 78640					
8	PURPOSE	(a) Ca	ategory (See Categories listed at the	top of this schedule)	(b)	Description		
	OF EXPENDITURE	Fo	ood/Beverage Expense				tside of Texas. Com	
						Campaign Staf	X, officeholder living	g expense
						Campaign Clai	i weening	
9	Complete ONLY if direct	<u>I</u> Car	ndidate/Officeholder name	Office sou	<u>l</u> ıaht		Office h	eld
	expenditure to benefit C/O		raidate, emecheraci name	000	·9···		<b>5</b> 55	
_	Date	D:	ayee name					
	03/30/2025	l .	hili's					
_	Amount (\$)		ayee address; City;	State; Zip Co	nde			
	\$51.79	l	02 Singing Oaks	otato, zip ot	Juo			
	402.110	``	or onigning outlo					
		l <sub>Ri</sub>	ulverde, TX 78070					
	PURPOSE	<u> </u>			(b)	D inti		
	OF	ı	ategory (See Categories listed at the tood/Beverage Expense	top of this schedule)	(0)	Description  Check if travel out	tside of Texas. Com	nplete Schedule T.
	EXPENDITURE		Jourbeverage Expense			ш	X, officeholder living	
						Campaign Staf	f Meeting	
	Complete ONLY if direct		ndidate/Officeholder name	Office sou	ıght		Office h	eld
	expenditure to benefit C/OI	1						
	Date	Pa	ayee name					
	02/05/2025	Ci	icle Valet					
	Amount (\$)	Pá	ayee address; City;	State; Zip Co	ode			
	\$40.00	98	3 San Jacinto					
		Aı	ustin, TX 78701					
	PURPOSE	(a) Ca	ategory (See Categories listed at the t	top of this schedule)	(b)	Description		
	OF EXPENDITURE	Tr	ansportation Equipment An			ш	tside of Texas. Com	
		E:	xpense			Campaign Staf	X, officeholder living	g expense
						Campaign Stat	i Parking	
_	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sou	laht Iaht		Office h	eld
	expenditure to benefit C/O		ididate/OniceHolder Hattle	Office SUC	igiil		Office III	oiu
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 Salaries/Wages/Contract Labor

Candidate/Officenoider/Politica Credit Card Payment	at Committee Legal Services Salaries/wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 19/75 Rpt:	Friends of Donna Campbell 00068678
4 Date	5 Payee name
04/06/2025	City of Austin Parking
6 Amount (\$) \$22.00	7 Payee address; City; State; Zip Code 1111 Rio Grande
	Austin, TX 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Staff Parking
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/09/2025	City of Austin Parking
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1111 Rio Grande
	Austin, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Staff Parking
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/03/2025	Comal County City Officials Luncheon
Amount (\$) \$12.00	Payee address; City; State; Zip Code 100 Main Plaza
	New Braunfels, TX 78130
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Luncheon Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

	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: 20/75 Rpt:	Friends of Donna Campbell 00068678
_	·	·
4	Date	5 Payee name
	03/04/2025	Comal County City Officials Luncheon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.00	100 Main Plaza
		New Prounfole, TV 70120
		New Braunfels, TX 78130
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	2/11/21/01/12	Check if Austin, TX, officeholder living expense
		Campaign Luncheon Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Davido namo
		Payee name
	04/07/2025	Comal County City Officials Luncheon
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.00	100 Main Plaza
		New Braunfels, TX 78130
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage 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 Luncheon Fees
		Campaign Eanoncon 1 coc
	Operation ONLY if allowed	One field to 10ff and halden are seen and the second to th
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/05/2025	Crumbl
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.99	5207 Brodie Ln Ste 110
	Ψ0.00	S201 Brodic En Sto 110
		Austin, TX 78745
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Capitol Staff Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memorials Legal Services The Instruction G			ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed a	above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 21/75 Rpt:			onna Campbe	II					00068678		
4	Date	5	Payee name									
	06/01/2025		Davis, Hayd	en								
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de					
	\$150.00		501 Little Dr	aw Lane								
			Leander, TX	78641								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE			ges/Contract L		,		Check if travel			plete Schedule T.	
	EXPENDITORE							_		officeholder living	g expense	
								Campaign Co	onti	ract Labor		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	Date	Г	Payee name									
	03/01/2025		Davis, Hayd	en								
	Amount (\$)	┝	Payee addres		State	e; Zip Co	de					
	\$150.00		501 Little Dr	-	Olak	c, 2ip 00	uc					
	φ130.00		JOI LIME DI	aw Lane								
			Leander, TX	78641								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ges/Contract L	.abor			<b>=</b>			plete Schedule T.	
								Campaign Co		officeholder living	j expense	
								Campaign	Jiili	act Labor		
	On and the ONE Wife disease	L	01i -1 - + - 10ffi			045				O#: I-	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name		Office sou	JIIL			Office h	eid	
	<u>'</u>	_										
	Date		Payee name									
	06/11/2025		Davis, Hayd	en								
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$150.00		501 Little Dr	aw Lane								
			Leander, TX	78641								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ges/Contract L	.abor			<u></u>			plete Schedule T.	
	EXI ENDITORE									officeholder living	g expense	
								Campaign Co	onti	ract Labor		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	S. portantare to borient 0/01	•										

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	06/25/2025	Davis, Hayden
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	501 Little Draw Lane
		Leander, TX 78641
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Contract Labor
		Campaigh Contract Eabor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	04/22/2025	Department of the Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,499.47	Internal Revenue Service
		Austin, TX 73301
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Campaign Income Taxes
		Campaigh moone raxes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/01/2025	Devine Wine Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.38	17130 Texas 46
		Spring Branch, TX 78070
	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 Staff Meeting
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

### 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

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: 23/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	02/04/2025	Dollar General
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.42	10715 Bandera Rd
		San Antonio, TX 78250
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 District Office Supplies
		District Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Davies same
		Payee name
	02/04/2025	Dollar General
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.91	10715 Bandera Rd
		San Antonio, TX 78250
	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 District Office Supplies
		District Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 02/04/2025	Payee name  Doubletree
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	303 W 15th St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Sampaigh Stail Faiking
_	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 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: Sch: 24/75 Rpt:	2 FILER NAME Striends of Donna Campbell 3 Filer ID (Ethics Commission Filers) 00068678	
4	Date 03/04/2025	5 Payee name Drippings Springs COC	
6	Amount (\$) \$45.00	7 Payee address; City; State; Zip Code 400 US 290 Ste B-205	
8	PURPOSE OF EXPENDITURE	Dripping Springs, TX 78620  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Dues	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 03/04/2025	Payee name Engelhardt, Aiden	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code  336 Skytrail Dr  New Braunfels, TX 78130	
	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 Contributions	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 02/04/2025	Payee name Eureka	
	Amount (\$) \$4.15	Payee address; City; State; Zip Code 200 East 6th St	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Capitol Staff Meeting	
	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)
sing Expense 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
Leal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	04/07/2025	Eureka
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.00	200 East 6th St
		Austin, TX 78701
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  Capitol Staff Meeting
		Capitor Starr Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	02/04/2025	Grubhub
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$100.30	111 W Washington St
	Ψ100.30	TII W Washington St
		Chicago, IL 60602
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Capitol Staff Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	
	Date	Payee name
	01/08/2025	Guadalupe County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	PO Box 176
		Seguin, TX 78156
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Campaign Dues
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
1		

### 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 (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.	OTTLER (enter a category not isseed above)	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)	_
	Sch: 26/75 Rpt:	Friends of Donna Campbell		00068678	
4	Date	5 Payee name			
	05/07/2025	HEB			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$9.94	646 South Flores St			
		San Antonio, TX 78204			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		outside of Texas. Complete Schedule T. ı, TX, officeholder living expense	
			Capitol Office		
			Capitol Office	о обрысо	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office held	_
	expenditure to benefit C/O			Office field	
					_
	Date	Payee name			
	02/04/2025	HEB			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$25.39	646 South Flores St			
		San Antonio, TX 78204			
	PURPOSE OF	, ,	Description		
	EXPENDITURE	Office Overhead/Rental Expense	$\Box$	outside of Texas. Complete Schedule T. ı, TX, officeholder living expense	
	!		Capitol Office		
	!		Oupitor C	o Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office held	_
	expenditure to benefit C/O			Office field	
		Г			_
	Date	Payee name			
	03/04/2025	HEB			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$32.77	646 South Flores St			
		San Antonio, TX 78204			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description		_
	OF	Office Overhead/Rental Expense		outside of Texas. Complete Schedule T.	
	EXPENDITURE	· I	_	, TX, officeholder living expense	
			Capitol Office	e Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office held	
	expenditure to benefit C/OF	п			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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		
_	Tatal as a second of Education Education		_
1	Total pages Schedule F1:		
	Sch: 27/75 Rpt:	Friends of Donna Campbell 00068678	_
4	Date	5 Payee name	
	01/28/2025	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$151.55	646 South Flores St	
		San Antonio, TX 78204	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Capitol Office Supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	=
	01/27/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$151.55	8801 S Congress	
		Austin, TX 78701	
	DUDDOCE	T	_
	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	
		Capitol Office Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	<del>1</del>	
H	Date	Payee name	=
	01/08/2025	Hays County Republican Women	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$25.00	1450 W Hwy 290 #1697	
	Ψ20.00	1400 W 11Wy 200 # 2001	
		Deligation Cartings, TV 70000	
		Dripping Springs, TX 78620	
	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 Dues	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
$\vdash$			_

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 28/75 Rpt: Friends of Donna Campbell 00068678 4 Date Payee name 03/04/2025 Hilton Garden Inn 6 Amount (\$) Payee address; State; Zip Code \$219.77 408 E Houston St San Antonio, TX 78205 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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder Lodging Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/10/2025 **Hobby Lobby** Amount (\$) Payee address; City; State; Zip Code \$9.71 360 Creekside Way New Braunfels, TX 78130 **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 District Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/30/2025 Hobby Lobby Amount (\$) Payee address; City; State; Zip Code \$54.73 125 Hwy 332 W Lake Jackson, TX 77566 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Frames for Constituent Gifts

Office held

### 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)

	Credit Card r dyment	The Instruction Guide explains how to complete this form	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 29/75 Rpt:	Friends of Donna Campbell	00068678
4	Date	5 Payee name	
	01/01/2025	Hogue, Richard	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,200.00	6125 Stonegate Place	
		Edmond, OK 73025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF		ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if A	Austin, TX, officeholder living expense
		Campaig	n Contract Labor
Ļ	0 1: 0.11.7.7.1.		0.00
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_	·		
	Date	Payee name	
	02/01/2025	Hogue, Richard	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	6125 Stonegate Place	
		Edmond, OK 73025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Julianes/ Wages/Contract Eabor	ravel outside of Texas. Complete Schedule T.
		I	Austin, TX, officeholder living expense  n Contract Labor
		Campaig	T Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
-	Date	Payee name	
	03/01/2025	Hogue, Richard	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	6125 Stonegate Place	
	¥=,=00.00	oo otonogato i taco	
		Edmond, OK 73025	
	PURPOSE		-
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if the contract of the	1 ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	Julianes/ Wages/Contract Eabor	Austin, TX, officeholder living expense
		——————————————————————————————————————	n Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	H 	
l			

## SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 30/75 Rpt:	Friends of Donna Campbell	00068678
4	Date	5 Payee name	
Ļ	04/01/2025	Hogue, Richard	
6	Amount (\$) \$1,200.00	7 Payee address; City; State; Zip Code	
	\$1,200.00	6125 Stonegate Place	
		Edmond, OK 73025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	nn
ľ	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	f travel outside of Texas. Complete Schedule T.
	EXPENDITURE		f Austin, TX, officeholder living expense
		Campai	gn Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	05/01/2025	Hogue, Richard	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	6125 Stonegate Place	
		Edmond, OK 73025	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description (Chapter 1) (b) Description (Chapter 1) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ON f travel outside of Texas. Complete Schedule T.
	EXPENDITURE		f Austin, TX, officeholder living expense
		Campai	gn Contract Labor
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
⊨	Date	Daylor name	
	06/01/2025	Payee name Hogue, Richard	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	6125 Stonegate Place	
		Edmond, OK 73025	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Salaries/Wages/Contract Labor	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
			gn Contract Labor
			-
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

## SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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 com	te this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics	Commission Filers)
	Sch: 31/75 Rpt:	Friends of Donna Campbell	00068678	
4	Date	5 Payee name	•	
	03/30/2025	Hruska's		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$8.77	109 W Hwy 71		
		Ellinger, TX 78938		
8	PURPOSE	<u> </u>	Description	
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schee	dule T.
	EXPENDITURE	2 2pscs	Check if Austin, TX, officeholder living expense	
			Capitol Office Supplies	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	Office held	
	experientare to benefit Grot	•		
	Date	Payee name		
	03/10/2025	Hruska's		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$9.18	109 W Hwy 71		
l		Ellinger, TX 78938		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description	
l	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Scheo	dule T.
l	EXI ENDITORE		Check if Austin, TX, officeholder living expense	
			Capitol Office Supplies	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held	
	expenditure to benefit C/OI		Office Held	
-	Date	Davies research		
	02/10/2025	Payee name Hruska's		
_				
	Amount (\$) \$11.60	Payee address; City; State; Zip Code 109 W Hwy 71		
	Φ11.00	109 W HWy /1		
		FII: TV 70000		
		Ellinger, TX 78938		
	PURPOSE OF	,	Description  Check if travel outside of Texas. Complete Scher	dulo T
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense	uule 1.
			Capitol Office Supplies	
			• •	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held	
	expenditure to benefit C/OI			
l				

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 32/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	03/16/2025	Izumi
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.47	2844 Thousand Oaks Dr
		San Antonio, TX 78232
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 Staff Meeting
		Sampaigh Stail Westing
<u>_</u>	Complete ONII V if direct	Condidate/Officeholder name Office sought
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/20/2025	Izumi
	Amount (\$)	Payee address; City; State; Zip Code
	\$157.57	2844 Thousand Oaks Dr
		San Antonio, TX 78232
	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 Staff Meeting
		Sampaigh Stail Westing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/23/2025	Jerusalam Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.16	203 N Looop 1604 W
		San Antonio, TX 78232
	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 Staff Meeting
	0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to beliefft 6/01	

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 33/75 Rpt:	FILER NAME     Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4	Date 05/04/2025	5 Payee name Jerusalem Grill		I
6	Amount (\$) \$43.05	7 Payee address; City; State; Zip Co 203 N Looop 1604 W	de	
8	PURPOSE OF EXPENDITURE	San Antonio, TX 78232  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Staff Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date 03/09/2025	Payee name Jerusalem Grill		
	Amount (\$) \$43.05	Payee address; City; State; Zip Co 203 N Looop 1604 W San Antonio, TX 78232	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Staff Meeting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
	Date 01/08/2025	Payee name Joyce Yanuzzi		
	Amount (\$) \$26.00	Payee address; City; State; Zip Co 2059 Cowan Drive	de	
		New Braunfels, TX 78132		
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Travel In District	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Mileage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held

### 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

	Candidate/Officenoider/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: 34/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	01/08/2025	Kendall County Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	701 Oak Park Dr
		Boerne, TX 78006
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/01/2025	Konopaske, Nick
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	637 Haven Pt
		New Braunfels, TX 78132
	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.  Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
		Campaign Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	03/01/2025	Payee name Konopaske, Nick
		· · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	637 Haven Pt
		New Presentale, TV 70100
		New Braunfels, TX 78132
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Mages/Contract Labor  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
		Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	Ⅎ

#### 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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 35/75 Rpt: Friends of Donna Campbell 00068678 4 Date Payee name 04/01/2025 Konopaske, Nick 6 Amount (\$) Payee address; City; State; Zip Code \$150.00 637 Haven Pt New Braunfels, TX 78132 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. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/01/2025 Konopaske, Nick Amount (\$) Payee address; City; State; Zip Code \$150.00 637 Haven Pt New Braunfels, TX 78132 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/01/2025 Konopaske, Nick Amount (\$) Payee address: City; State; Zip Code \$150.00 637 Haven Pt New Braunfels, TX 78132 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Contract Labor 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
_	Sch: 36/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	01/01/2025	Konopaske, Nick
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	637 Haven Pt
		New Braunfels, TX 78132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	01/09/2025	Lamberto's
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.90	616 Walnut St
		Columbus, TX 78934
	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 Staff Meeting
		Campaign Stan Westing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/21/2025	Lamberto's
	Amount (\$) \$38.35	Payee address; City; State; Zip Code 616 Walnut St
	φ30.33	010 Wallut St
		Calumbus TV 70024
		Columbus, TX 78934
	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 Staff Meeting
	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 Comm

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	01/22/2025	Los 2937
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$162.35	4015 S I 35
		San Marcos, TX 78666
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 Staff Meeting
		Campaigh Stail Meeting
9	Complete ONL V if direct	Condidate/Officeholder name Office cought Office hold
ľ	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
	03/22/2025	Mod Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.56	272 FM 306 Ste 106
		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.
		Check if Austin, TX, officeholder living expense
		Campaign Staff Meeting
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D :	
	Date	Payee name
	03/22/2025	Mod Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.18	272 FM 306 Ste 106
		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.
		Check if Austin, TX, officeholder living expense
		Campaign Staff Meeting
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### 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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	01/01/2025	Morales, Jim
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	207 Pendent Dr
		Liberty Hill, TX 78642
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.
		Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
⊨	Date	
		Payee name  Moreles Jim
L	01/01/2025	Morales, Jim
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	207 Pendent Dr
		Liberty Hill, TX 78642
	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
		Campaign Contract Labor
		Campaign Contract Last.
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/01/2025	Morales, Jim
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	207 Pendent Dr
	Ψ130.00	2011 Glidelle Di
		Liberty Hill, TX 78642
L	PURPOSE	Inc.
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  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
		Campaign Contract Labor
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
Г		
ı		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 39/75 Rpt:	Friends of Donna Campbell	00068678
4	Date	5 Payee name	•
	03/01/2025	Morales, Jim	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	207 Pendent Dr	
		Liberty Hill, TX 78642	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Galaries/Wages/Contract Easter	l outside of Texas. Complete Schedule T.
		l — — — — — — — — — — — — — — — — — — —	in, TX, officeholder living expense Contract Labor
		Campaign	onitaet Easoi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Sss 1.612
_	Date	Payee name	
	04/01/2025	Morales, Jim	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	207 Pendent Dr	
	Ψ100.00	201 Tondone B.	
		Liberty Hill, TX 78642	
	PURPOSE	· · · · · · · · · · · · · · · · · · ·	
	OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	l outside of Texas. Complete Schedule T.
	EXPENDITURE		in, TX, officeholder living expense
		Campaign C	Contract Labor
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	- CAPCHARATO TO SOTIONE OF CI		
	Date	Payee name	
	05/01/2025	Morales, Jim	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	207 Pendent Dr	
		Liberty Hill, TX 78642	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Eabor	I outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		l — — — — — — — — — — — — — — — — — — —	Contract Labor
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	04/20/2025	Noli's Vite
6	Amount (\$) \$47.16	7 Payee address; City; State; Zip Code 1744 E Common St
		New Braunfels, TX 78130
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Staff Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/03/2025	Noli's Vite
	Amount (\$) \$70.02	Payee address; City; State; Zip Code 1744 E Common St
		New Braunfels, TX 78130
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Staff Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/10/2025	Noli's Vite
	Amount (\$) \$86.49	Payee address; City; State; Zip Code 1744 E Common St
		New Braunfels, TX 78130
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Staff Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 41/75 Rpt:	L	Friends of D	Donna Campbell						00068678	
4	Date	5	Payee name								
	02/04/2025		Office Depo	t							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$34.61		2220 North	State Hwy 360							
			Grand Prair	ie, TX 75050-101	17						
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Office Over	head/Rental Expe	ense			_		de of Texas. Com	
								District Office		officeholder living	expense
								DISTRICT OTHER		Applies	
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	laht			Office he	ald.
9	expenditure to benefit C/OI		Januluale/OIII	CCHOIGEI HAIHE		7111CE 50U	agrit			Office He	JIU
	Date		Payee name								
L	02/04/2025		Office Depo	t							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$81.61		2220 North	State Hwy 360							
			Grand Prair	ie, TX 75050-101	17						
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			head/Rental Expe		-		<b>□</b>		de of Texas. Com	
	EXI ENDITORE							ш		officeholder living	expense
								District Office	: JL	ihhii <i>e</i> 2	
_	Complete ONLY if direct	<u> </u>	Pandidato/Offi	ceholder name		Office sou	laht			Office he	ald
	expenditure to benefit C/O		Januiuale/UIII	centiuei name		7111CE 200	agrit			Office He	สน
$\vdash$	D :										
	Date		Payee name								
	01/03/2025		Oliver, Jon								
	Amount (\$)		Payee addres		State;	Zip Co	ode				
	\$15,000.00		335 Honeyo	comb Circle							
			Driftwood, T	X 78619							
	PURPOSE	/c)					(h)	Deportations			
	OF	(a)		ee Categories listed at the ages/Contract Lab		edule)	(n)	Description  Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Jaiaiits/Wa	iyes/Culliaci Lai	JUI			ш		officeholder living	•
								Campaign Co	ontr	act Labor	
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ught			Office he	eld
	expenditure to benefit C/O	H									

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	01/24/2025	Panda Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.00	350 Singing Oaks
		Spring Branch, TX 78070
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.
		Campaign Staff Meeting
		Campaigh Stan Weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
$\vdash$	Data	Para a same
	Date	Payee name
	04/25/2025	Panda Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.31	350 Singing Oaks
		Spring Branch, TX 78070
	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.
	-	Compaign Stoff Mooting
		Campaign Staff Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/27/2025	Panda Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.31	350 Singing Oaks
		Spring Branch, TX 78070
	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 Staff Meeting
		Campaigh Stall Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 43/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	02/15/2025	Panda Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.52	350 Singing Oaks
		Spring Branch, TX 78070
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 Staff Meeting
		Campaigh Stan Weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	01/10/2025	Panera Bread
H	Amount (\$)	Payee address; City; State; Zip Code
	\$8.65	181 Creekside Crossing
	Ψ0.00	101 Grookside Groosing
		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.
		Check if Austin, TX, officeholder living expense  Campaign Staff Meeting
		Campaigh Stan Weeting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/06/2025	Panera Bread
L	Amount (\$)	Payee address; City; State; Zip Code
	\$17.30	22050 US 281
	Ψ17.50	22000 00 201
		San Antonio, TX 78258
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Staff Meeting
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft C/OI	·

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g Expense 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/Wages/Contract Labor

	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: 44/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	03/21/2025	Panera Bread
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.30	5200 S FM 1626
		Kyle, TX 78640
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  Campaign Staff Meeting
		Campaigh Stail Weeting
_	Complete CNU V 'C "	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/14/2025	Panera Bread
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.39	22050 US 281
		San Antonio, TX 78258
	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 Staff Meeting
		Campaigh Stail Weeting
	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	01/31/2025	Panera Bread
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.68	22050 US 281
		San Antonio, TX 78258
	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 Staff Meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponantino to benefit 6/01	•

#### 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	
-	Total pages Cabadula F1:	2 Files ID (Ethios Commission Files)
1	Total pages Schedule F1: Sch: 45/75 Rpt:	2 FILER NAME  Friends of Donna Campbell  3 Filer ID (Ethics Commission Filers)  00068678
4	Date	5 Payee name
•	01/06/2025	Panera Bread
6	Amount (\$) \$42.25	7 Payee address; City; State; Zip Code 22050 US 281
	,	
		San Antonio, TX 78258
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	2/11/21/01/12	Check if Austin, TX, officeholder living expense
		Campaign Staff Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/28/2025	Personalized Promotions
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.48	7605 Stoneywood
	Ψ1-1010	1000 Gloneywood
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Campaign Logoed Items
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/27/2025	Pete Flores Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	1 E Greenway Plaza Ste 225
	+0,000.00	2 2 0 000 may 1 1020 000 220
		Houston, TX 77046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Contribution
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>

### SCHEDULE F1

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

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

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

	Candidate/Officenoider/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: 46/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	04/06/2025	Pho 4 Star
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.49	4419 E Evans Rd Ste 101
		San Antonio, TX 78259
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 Staff Meeting
		Campaign claim mooning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Date	Davies warms
	03/04/2025	Payee name  RBFCU
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	994 N IH 35
		New Braunfels, TX 78130
	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.
		Campaign Cashier's Check Fees
		Sampaigh Sashiol S Shook 1 665
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 05/07/2025	Payee name  RBFCU
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	994 N IH 35
		New Braunfels, TX 78130
	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.
		Campaign Cashier's Check Fees
		Campaigh Cashlet's Check Fees
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	03/01/2025	Ramirez, Julieta
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	14 Eagle Creek Dr
		Kyle, TX 78640
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.
		Campaign Contract Labor
		Campaigh Contract Labor
<u>_</u>	Complete ONU V if allow	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/01/2025	Ramirez, Julieta
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	14 Eagle Creek Dr
		Kyle, TX 78640
	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
		Campaign Contract Labor
		Campaigh Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/01/2025	Ramirez, Julieta
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	14 Eagle Creek Dr
		Kyle, TX 78640
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign Contract Labor
		Campaign Contract Labor
	Commission ONE V. C. P.	Condidate/Officeholder name
	Complete <u>ONLY</u> 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 -

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

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

The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: 2 FILER NAME 3 File	er ID (Ethics Commission Filers)
Sch: 48/75 Rpt: Friends of Donna Campbell 000	068678
4 Date 5 Payee name	
04/01/2025 Ramirez, Julieta	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$500.00 14 Eagle Creek Dr	
Kyle, TX 78640	
8 PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Calculate of the contract Labor of the	
EXPENDITURE  Salaries/Wages/Contract Labor  Check if travel outside of Check if Austin, TX, office	Texas. Complete Schedule T.
Campaign Contract	
9 Complete ONLY if direct candidate/Officeholder name expenditure to benefit C/OH  Candidate/Officeholder name office sought	Office held
Date Payee name	
05/01/2025 Ramirez, Julieta	
·	
\$500.00 14 Eagle Creek Dr	
Kyle, TX 78640	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
EYDENDITI IDE   Salaries/Wages/Contract Eabor   I	Texas. Complete Schedule T.
Cneck if Austin, 1X, office	
Campaign Contract	Laboi
Complete ONLY if direct Condidate Office holder name Office country	Office hold
Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH	Office held
Date Payee name	
06/01/2025 Ramirez, Julieta	
Amount (\$) Payee address; City; State; Zip Code	
\$500.00 14 Eagle Creek Dr	
Kyle, TX 78640	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Calculation A Manager (See Authors 4 Leabert)	
EXPENDITURE  Salaries/Wages/Contract Labor    Check if travel outside of 1	Texas. Complete Schedule T.
Campaign Contract	
Cumpaign Contract	Labor
Complete ONLY if direct Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OH	Onice Helu

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 49/75 Rpt:	Friends of Donna Campbell	00068678
4	Date	5 Payee name	
	01/08/2025	Republican Club of Comal County	
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1551 Bunker St	
	Ψ23.00	1331 Bulker St	
		New Braunfels, TX 78132	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	avel outside of Texas. Complete Schedule T.
		Campaign	Istin, TX, officeholder living expense
		Campaign	Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
	Date	Payee name	
	04/07/2025	Roaring Fork	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.50	701 Congress Ave	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if tra	vel outside of Texas. Complete Schedule T.
		I — I —	stin, TX, officeholder living expense
		Capitol Sta	an weeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
_			
	Date	Payee name	
	01/16/2025	Roaring Fork	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$108.94	701 Congress Ave	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Tood/Develage Expense	evel outside of Texas. Complete Schedule T.
		l	stin, TX, officeholder living expense
		Capitol Sta	an weenig
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
			Office held
			Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment		The Instruction Guide explains how to o	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 50/75 Rpt:		Friends of Donna Campbell		00068678
4	Date	5	Payee name		
	05/09/2025		Rolando Pablos Campaign		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$1,000.00		19230 Stone Oak Pkwy #102		
			·		
			San Antonio, TX 78258		
8	PURPOSE	(a)		(h)	) Description
٠	OF	رس	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
					Contribution
ı					
9	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н			
_	Date	Γ	Payee name		
	05/20/2025		Ruby Lane		
	Amount (\$)	H	Payee address; City; State; Zip C	ode	
	\$290.10		381 Bush St #400		
			San Francisco, CA 94104		
	PURPOSE	(a)		(h)	) Description
	OF	۱٬۳٬	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Gill/ (Wards/Weirionals Expense		Check if Austin, TX, officeholder living expense
					End of Session Gifts
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/Ol	П			
	Date		Payee name		
	02/09/2025		Sabai Thai Kitchen		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$62.34		19141 Stone Oak Pkwy		
			San Antonio, TX 78258		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF	("	Food/Beverage Expense	(")	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Toda/Beverage Expense		Check if Austin, TX, officeholder living expense
					Campaign Staff Meeting
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/Ol	Н			

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		)
1	Total pages Cabadula F1:		Eilore\
1	Total pages Schedule F1: Sch: 51/75 Rpt:	2 FILER NAME Friends of Donna Campbell  3 Filer ID (Ethics Commission 00068678	1 11015)
	-	· ·	
4	Date	5 Payee name	
L	03/02/2025	Sabai Thai Kitchen	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$72.03	19141 Stone Oak Pkwy	
		San Antonio, TX 78258	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage 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 Staff Meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
$\vdash$	Data		
	Date	Payee name	
	03/18/2025	Saltgrass	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.55	744 I 35 N	
		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.	
		Check if Austin, TX, officeholder living expense	
		Campaign Staff Meeting	
L	Operation Objects "	Outside to 10ff as halden as well as 10 ff	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/04/2025	Sam Marcos Chamber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$66.95	202 N M C Allen Pkwy	
		San Marcos, TX 78666	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Campaign Dues	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to beliefit 6/01	••	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The In	struction Guide	e explains how to c	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILEF	RNAME					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 52/75 Rpt:	Frien	ds of Donna	Campbell					00068678		
4	Date	<b>5</b> Payee	e name								
	02/14/2025	San A	Antonio Area	Retired Tea	chers Associatio	on					
6	Amount (\$)	<b>7</b> Payee	e address;	City;	State; Zip C	ode					
	\$500.00	3711	River Falls								
		San /	Antonio, TX	78259							
8	PURPOSE	(a) Categ	Ory (See Categ	ories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Conti	ributions/Dor	nations Made	: Ву					plete Schedule T.	
	EXI ENDITORE	Cand	lidate/Officel	nolder/Politica	al Committee		Contribution	ı, TX,	officeholder living	expense	
							Continbution				
9	Complete ONLY if direct	Candid	ate/Officehold	er name	Office so	uaht			Office he	ald.	
	expenditure to benefit C/O		ate/Oniceriola	ei name	Office 30	ugni			Office file	au	
_	Date	Dovos	nomo								
	03/04/2025	Smol	e name «ev's								
				City:	State: Zip C	odo					
	Amount (\$) \$34.31		e address; 6 Bulverde	City;	State, Zip C	oue					
	Φ34.31	2210	o buiverue								
		0	A	70050							
			Antonio, TX								
	PURPOSE OF			ories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Food	/Beverage E	xpense			ш		officeholder living	plete Schedule T. expense	
							Campaign St			,	
							. •				
	Complete ONLY if direct	Candid	ate/Officehold	er name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI										
	Date	Paye	e name								
	02/13/2025		ucks.com								
	Amount (\$)	Payee	e address;	City;	State; Zip C	ode					
	\$7.47			outh Ste 800							
		Seatt	le, WA 9813	4							
	PURPOSE	(a) Cated	IOIV (Soo Caton	ories listed at the to	on of this schodulo)	(b)	Description				
	OF		/Beverage E		op of this schedule)	``		outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		J	•					officeholder living	expense	
							Capitol Staff	Me	eting		
						<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH		ate/Officehold	er name	Office so	ught			Office he	eld	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	01/28/2025	Starbucks.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.47	2401 Utah Ave South Ste 800
		Seattle, WA 98134
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
		Capitol Staff Meeting
		Supilor Stair Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	02/13/2025	Starbucks.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.47	2401 Utah Ave South Ste 800
		Seattle, WA 98134
	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  Capitol Staff Meeting
		Supitor Stair Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/11/2025	Starbucks.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.47	2401 Utah Ave South Ste 800
		Seattle, WA 98134
	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 ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Capitol Staff Meeting
_	Operation ONE VIII II	Open Highest (Office health are nown)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	
L		

### SCHEDULE F1

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

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

	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: 54/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	02/19/2025	Starbucks.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.56	2401 Utah Ave South Ste 800
		Seattle, WA 98134
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.
		Capitol Staff Meeting
		Suphor Stair Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	04/29/2025	Starbucks.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	2401 Utah Ave South Ste 800
		Seattle, WA 98134
	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
		Capitol Staff Meeting
		Suprior Start mosting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/09/2025	Starbucks.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	2401 Utah Ave South Ste 800
		Seattle, WA 98134
	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.
	ZAI ZIAZITORZ	Check if Austin, TX, officeholder living expense
		Capitol Staff Meeting
	Complete ONII V if allows:	Condidate/Officeholder name
	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal as a second of Education Education	
1	Total pages Schedule F1: Sch: 55/75 Rpt:	2 FILER NAME Striends of Donna Campbell  3 Filer ID (Ethics Commission Filers) 00068678
4	Date	5. Davida marra
4		5 Payee name
	01/24/2025	Starbucks.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	2401 Utah Ave South Ste 800
		0
		Seattle, WA 98134
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Capitol Staff Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$	D :	
	Date	Payee name
	04/18/2025	Starbucks.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	2401 Utah Ave South Ste 800
		0
		Seattle, WA 98134
	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
		Capitol Staff Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payao namo
		Payee name
	02/18/2025	Starbucks.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	2401 Utah Ave South Ste 800
		Seattle, WA 98134
	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
		Capitol Staff Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction Guide expl		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI	<u> </u>				3	Filer ID	(Ethics Commission	Filers)
	Sch: 56/75 Rpt:		Donna Campbell					00068678		·
4	Date	5 Payee name								
	02/02/2025	Starbucks.	com							
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip Co	ode					
	\$60.00	2401 Utah	Ave South Ste 800							
		Seattle, W	A 98134							
8	PURPOSE OF		ee Categories listed at the top of the	nis schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense			느		de of Texas. Comp officeholder living		
						Capitol Staff I			expense	
						Capitor Ctair I		oung		
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/OI	<del>-</del>								
	Date	Payee name								
	04/09/2025	Starbucks.	com							
	Amount (\$)	Payee addre	ss; City; S	State; Zip Co	ode					
	\$60.00	2401 Utah	Ave South Ste 800							
		Seattle, WA	A 98134							
	PURPOSE	(a) Category (S	ee Categories listed at the top of the	nis schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			<b>=</b>		de of Texas. Comp		
						Capitol Staff I		officeholder living	expense	
						Capitor Stair i	VIC	cuing		
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l ıght			Office he	eld	
	expenditure to benefit C/O	4			J					
	Date	Payee name								
	03/18/2025	Starbucks.	com							
	Amount (\$)	Payee addre	ss; City; S	State; Zip Co	ode					
	\$60.00	2401 Utah	Ave South Ste 800							
		Seattle, W	A 98134							
	PURPOSE	(a) Category (S	ee Categories listed at the top of the	nis schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			ш		de of Texas. Comp		
	-					Capitol Staff I		officeholder living	expense	
						Capitol Stall I	viC.	cully		
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	labt			Office he	ald.	
	expenditure to benefit C/O		icendiuei naine	Onice Sou	igill			Office He	au	

### SCHEDULE F1

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

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

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

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: 57/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	01/30/2025	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.87	501 West 15Th St Ste D
		Austin, TX 78701
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  Capitol Staff Meeting
		Supilor Starr Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/30/2025	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.47	501 West 15Th St Ste D
		Austin, TX 78701
	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
		Capitol Staff Meeting
		Supilor Starr Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	01/30/2025	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.47	501 West 15Th St Ste D
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Capitol Staff Meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	·

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	te this form.
1	Total pages Schedule F1: Sch: 58/75 Rpt:	FILER NAME     Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4	Date 02/02/2025	5 Payee name Starbucks		·
6	Amount (\$) \$7.79	7 Payee address; City; State; Zip Cod 2720 Loop 337 New Braunfels, TX 78132	le	
8	PURPOSE OF EXPENDITURE			Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Staff Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date 02/21/2025	Payee name Starbucks		
	Amount (\$) \$9.63	Payee address; City; State; Zip Cod 501 West 15Th St Ste D Austin, TX 78701	le	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Capitol Staff Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date 02/01/2025	Payee name Starbucks		
	Amount (\$) \$13.69	Payee address; City; State; Zip Cod 2720 Loop 337	le	
		New Braunfels, TX 78132		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Staff Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica			vards/Memorials Expe Services	ense	Printing Ex Salaries/W		e /Contract Labor		Travel Out of Di OTHER (enter a		not listed above)
	Credit Card Payment		The I	nstruction Guide	explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	3	Filer ID	(Ethic	s Commission Filers)
	Sch: 59/75 Rpt:		Friends of Donna	a Campbell						00068678		
4	Date	5	Payee name									
	04/20/2025		Starbucks									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de					
	\$15.02		109 Old Boerne	Rd								
			Bulverde, TX 78	163								
8	PURPOSE	(a)	Category (See Cate	gories listed at the to	p of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage	Expense				Check if travel out				
								Check if Austin, TX			g expens	e
								Campaign Ctai				
9	Complete ONLY if direct	<u> </u>	Candidate/Officehol	der name	Ot	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/17/2025		Starbucks									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$16.59		109 Old Boerne	Rd								
			Bulverde, TX 78	163								
	PURPOSE	(a)	Category (See Cate	gories listed at the to	p of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage	Expense				Check if travel out Check if Austin, TX				
								Campaign Staf			у схрспэ	-
								, J		· J		
	Complete ONLY if direct	<del>'</del>	Candidate/Officehol	der name	Ot	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	03/15/2025		Starbucks									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$26.98		18900 lh 35									
			Kyle, TX 78610									
	PURPOSE	(a)	Category (See Cate	gories listed at the to	p of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage	Expense				Check if travel out Check if Austin, TX				
								Campaign Staf			y expens	<del>3</del>
								12 3 3	•			
	Complete ONLY if direct	Ь,	Candidate/Officehol	der name	Ot	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI						-					

#### 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		ivel Out of District HER (enter a category not listed above)
1	Total pages Cabadula F1:	- <del>-</del>	er ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 60/75 Rpt:		er ID (Ethics Commission Filers) 068678
4	Date	5 Payee name	
	01/26/2025	Starbucks	
6	Amount (\$) \$47.25	7 Payee address; City; State; Zip Code 2720 Loop 337  New Braunfels, TX 78132	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	05/07/2025	TDCJ Manufacturing and Logistics	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$117.50	PO Box 4013	
		Huntsville, TX 77342-4013	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of	f Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, office  Campaign Auction	ceholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
L	03/04/2025	TDCJ Manufacturing and Logistics	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$405.94	PO Box 4013	
		Huntsville, TX 77342-4013	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	/ <del>-</del>
	EXPENDITURE	Gift/Awards/Memorials Expense	f Texas. Complete Schedule T.
		Campaign Auction	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 61/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	02/04/2025	TFRW Leadership Workshop Sponsorship
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	2113 Flat Creek Dr
		Richardson, TX 75080
8	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.
		Candidate/Officeholder/Political Committee
		Contribution
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/30/2025	Tealicious Caf
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.68	20743 TX 46 150
		Spring Branch, TX 78070
	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.
		Campaign Staff Meeting
		Campaigh Stail Meeting
	Opening the ONII Wife disease	Our did to 10 ff as had done as many
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/25/2025	Texans For Joan Huffman
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	3733-1 Westheimer #40
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to beliefft 6/01	•
1		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	
_	Total marca Cabadula E1.	2 File ID (Ethics Commission Files)
1	Total pages Schedule F1: Sch: 62/75 Rpt:	2 FILER NAME Friends of Donna Campbell  3 Filer ID (Ethics Commission Filers) 00068678
4	Date	5 Payee name
	03/05/2025	Texas Conservative Coalition
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code PO Box 2659
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/19/2025	Texas Federation Of Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$560.00	1301 Vista Del Monte
		San Antonio, TX 78216
	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.
		Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2025	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	PO Box 12068
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Flags for Constituent Gifts
	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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 63/75 Rpt:	FILER NAME     Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4	Date 01/31/2025	5 Payee name Texas Senate		<b> </b>
6	Amount (\$) \$222.50	7 Payee address; City; State; Zip Co PO Box 12068 Austin, TX 78711	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Flags for Constituent Gifts
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
	Date 04/25/2025	Payee name Texas Senate		
	Amount (\$) \$267.00	Payee address; City; State; Zip Co PO Box 12068  Austin, TX 78711	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Flags for Constituent Gifts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date 01/28/2025	Payee name The Spaw Senate Account		
	Amount (\$) \$125.00	Payee address; City; State; Zip Co PO Box 12068	de	
		Austin, TX 78711		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Committee Coffee Fund
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held

#### SCHEDULE F1

**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/Reimbursem- Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 64/75 Rpt:	Friends of Donna Campbell	00068678			
4	Date	Payee name				
	04/25/2025	The Spaw Senate Account				
6	Amount (\$) \$165.00	Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711				
8	PURPOSE					
o	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  End of Session Gifts				
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/27/2025	The Spaw Senate Account				
	Amount (\$) \$361.25	Payee address; City; State; Zip Code PO Box 12068				
		Austin, TX 78711				
	PURPOSE OF EXPENDITURE	Ont/Awards/Memorials Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	01/09/2025	The Spaw Senate Account				
	Amount (\$) \$1,100.00	Payee address; City; State; Zip Code PO Box 12068				
		Austin, TX 78711				
	PURPOSE OF EXPENDITURE	Onice Overnedd/Nerital Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	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 Salaries/Wages/Contract Labor

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

Solicitation/Fundraising Expense

Legal Services 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: 65/75 Rpt: Friends of Donna Campbell 00068678 4 Date Payee name 02/15/2025 Tia's 6 Amount (\$) Payee address; City; State; Zip Code \$12.33 2180 TX 46 New Braunfels, TX 78132 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 Staff Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/17/2025 Tia's Amount (\$) Payee address; City; State; Zip Code \$15.89 2180 TX 46 New Braunfels, TX 78132 **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 Staff Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/01/2025 Toomey Amount (\$) Payee address: City: State; Zip Code \$150.00 4603 Island Cove Austin, TX 78731 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Contract Labor 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

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

Candidate/Officeholder/Politice Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 66/75 Rpt:	Friends of Donna Campbell 00068678
4 Date	5 Payee name
02/01/2025	Toomey
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.00	4603 Island Cove
	Austin, TX 78731
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.
	Check if Austin, TX, officeholder living expense  Campaign Contract Labor
	Campaign Contract Labor
O Commission ONII V if discont	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
·	
Date	Payee name
03/01/2025	Toomey
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	4603 Island Cove
	Austin, TX 78731
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  Campaign Contract Labor
	Campaign Contract Labor
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/01/2025	Toomey
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	4603 Island Cove
	Austin, TX 78731
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
LAPENDITORE	Check if Austin, TX, officeholder living expense
	Campaign Contract Labor
	1
2	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Ļ	Sch: 67/75 Rpt:	Friends of Donna Campbell		00068678
4	Date 05/01/2025	5 Payee name Toomey		
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Coo 4603 Island Cove Austin, TX 78731	le	
8	PURPOSE OF EXPENDITURE			Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Contract Labor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date 02/02/2025	Payee name Torchy's		
	Amount (\$) \$6.44	Payee address; City; State; Zip Coo 999 E Basse Rd San Antonio, TX 78209	le	
	PURPOSE OF EXPENDITURE			Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Staff Meeting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ıht	Office held
	Date 02/02/2025	Payee name Torchy's		
	Amount (\$) \$20.56	Payee address; City; State; Zip Coo 999 E Basse Rd	le	
		San Antonio, TX 78209		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Staff Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment		The Instruction Guide explains how to c	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 68/75 Rpt:		Friends of Donna Campbell		00068678
4	Date	5	Payee name		1
	01/31/2025		Tropical Smoothie		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$8.11		17134 Bulverde Rd Ste 108		
			San Antonio, TX 78247		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense
					Campaign Staff Meeting
9	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
9	expenditure to benefit C/O		Candidate/Officeholder name Office so	ugni	t Office field
	Data	_			
	Date		Payee name		
	03/30/2025	L	Tropical Smoothie		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$16.22		17134 Bulverde Rd Ste 108		
			San Antonio, TX 78247		
	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 Staff Meeting
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u>l</u> ught	t Office held
	expenditure to benefit C/O	Н		J	
	Date	Т	Payee name		
	02/02/2025		Tropical Smoothie		
	Amount (\$)	H	Payee address; City; State; Zip C	ode	
	\$21.62		17134 Bulverde Rd Ste 108	ouc	
	ΨΕΙ.ΘΕ		1710+ Bulverde Na Ole 100		
			San Antonio, TX 78247		
		L		1	
	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		Food/Beverage Expense		Check if Austin, TX, officeholder living expense
					Campaign Staff Meeting
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н			
_					

## SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/Be
Contributions/ Donations Made By - Gift/Awa
Candidate/Officeholder/Political Committee Legal Se
Credit Card Payment

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Mages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 69/75 Rpt:	Friends of Donna Campbell	00068678
4 Date	5 Payee name	
02/26/2025	Turner, Kenneth	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$8,032.15	741 Walnut St	
	Novelles TV 70050	
	New Ulm, TX 78950	[n.
8 PURPOSE 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	Salaties/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
Date	Payee name	
04/07/2025	UPS	
Amount (\$)	Payee address; City; State; Zip Co	de
\$16.11	244 FM 306 Ste 120	
	New Preventels, TV 70120	
	New Braunfels, TX 78130	
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	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
		— Campaign Shipping
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
experientare to benefit 6/6	'	
Date	Payee name	
02/10/2025	USPS	
Amount (\$)	Payee address; City; State; Zip Co	ıde
\$9.29	555 Rebel Rd	
	Kyle, TX 78640	
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	Office Overhead/Rental Expense	Check if dayer dustice of rexas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		Campaign Shipping
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	л 	

## SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contribution/ Onations Made By - Gift/An

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 Salaries Wagnes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 70/75 Rpt:	Friends of Donna Campbell 00068678
4	Date	5 Payee name
	02/04/2025	Uber.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.98	1725 Third St
		San Francisco, CA 94103
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 Officeholder Ground Transportation
		Cilicentidael Ground Hansportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Dete	
	Date	Payee name
	03/04/2025	Walgreens
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.38	1610 State Hwy 46 West
		New Braunfels, TX 78132
	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
		District Office Supplies
		Biothiot Chiec Cappines
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	Device same
	Date 02/11/2025	Payee name Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.78	488 State Hwy 71
		Bastrop, TX 78602
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Conital Office Supplies
		Capitol Office Supplies
_	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
Credit Card Payment

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

	Credit Card Payment		The Instruction Guide explains how to	compl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 71/75 Rpt:		Friends of Donna Campbell		00068678
4	Date	5	Payee name		•
	03/04/2025		Walmart		
6	Amount (\$)	7	Payee address; City; State; Zip	Code	
	\$39.96		1209   35		
			New Braunfels, TX 78130		
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.
	LAI LINDITORE				Check if Austin, TX, officeholder living expense
					District Office Supplies
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office	Sought	t Office held
9	expenditure to benefit C/O		Candidate/Officeholder name Office	sougrit	. Office field
_	Data	_			
	Date 01/01/2025		Payee name		
		┞	Weber, Sonya		
	Amount (\$)		Payee address; City; State; Zip	Code	
	\$150.00		236 Forest Trail		
		L	New Braunfels, TX 78132		
	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
					Campaign Contract Labor
	Complete ONLY if direct	_	Candidate/Officeholder name Office	sought	t Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	02/01/2025		Weber, Sonya		
	Amount (\$)	H	Payee address; City; State; Zip	Code	
	\$150.00		236 Forest Trail		
			New Braunfels, TX 78132		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF	<b>,</b> ,	Salaries/Wages/Contract Labor	(",	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		3		Check if Austin, TX, officeholder living expense
					Campaign Contract Labor
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office	sought	t Office held
	pondition to bonone o/or				

## SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 72/75 Rpt:	Friends of Donna Campbell	00068678
4	Date	5 Payee name	
	03/01/2025	Weber, Sonya	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	236 Forest Trail	
		New Braunfels, TX 78132	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense Ontract Labor
		Sampaign	Situate Lasor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	04/01/2025	Weber, Sonya	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	236 Forest Trail	
		New Braunfels, TX 78132	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/ Wages/ Contract Eabor	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
			ontract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	05/01/2025	Weber, Sonya	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	236 Forest Trail	
		New Braunfels, TX 78132	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/ Wages/ Contract Eabor	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense Ontract Labor
		Campaign	Shiract Labor
	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 Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 73/75 Rpt:	Friends of Donna Campbell  O0068678
4	Date	5 Payee name
	06/01/2025	Weber, Sonya
_		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	236 Forest Trail
		New Braunfels, TX 78132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beriefft C/Oi	
	Date	Payee name
	06/01/2025	Weber, Sonya
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	236 Forest Trail
	,	
		New Braunfels, TX 78132
_	PURPOSE	I
	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
		Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	01/01/2025	Yanuzzi, Joyce
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	2059 Cowan Drive
	Φ130.00	2003 Cowall Drive
		New Braunfels, TX 78132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## 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 Credit Card Payment

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

	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID	(Ethics Commission Filers)	
Sch: 74/75 Rpt:	Friends of Donna Campbell		00068678	
4 Date	5 Payee name			
02/01/2025	Yanuzzi, Joyce			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$150.00	2059 Cowan Drive			
	New Braunfels, TX 78132			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Salaries/Wages/Contract Labor		vel outside of Texas. Com	plete Schedule T.
EXPENDITURE			stin, TX, officeholder living	expense
		Campaign	Contract Labor	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office he	eld
Date	Payee name			
03/01/2025	Yanuzzi, Joyce			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$150.00	2059 Cowan Drive			
	New Braunfels, TX 78132			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		vel outside of Texas. Com	
			stin, TX, officeholder living Contract Labor	expense
		Campaign	Contract Labor	
Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office he	eld
expenditure to benefit C/OI		3		
Date	Payee name			
04/01/2025	Yanuzzi, Joyce			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$150.00	2059 Cowan Drive	de		
Ψ100.00	2000 COWAIT DIIVC			
	New Braunfels, TX 78132			
DUDDOOF		(I)		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if trav	el outside of Texas. Com	nlete Schedule T
EXPENDITURE	Salaries/Wages/Contract Labor		stin, TX, officeholder living	•
		Campaign	Contract Labor	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office he	eld
expenditure to benefit C/OI	Н			

#### 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 Salaries/Wanes/Contract Labor

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			OTHER (enter a category not listed above)			
_					ac explains now to	Jonip		-		
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
	Sch: 75/75 Rpt:	l	Friends of D	onna Campbell					00068678	
4	Date	5	Payee name							
	05/01/2025	l	Yanuzzi, Joy	yce						
6	Amount (\$)	1	Payee addres		State; Zip (	aho <sup>2</sup>				
ľ	\$150.00	ľ	2059 Cowar		State, Zip (	Jouc				
	Φ150.00	l	2059 Cowai	I DIIVE						
		l								
		l	New Braunfe	els, TX 78132						
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ton of this schedule)	(b)	<b>)</b> Description			
	OF			ges/Contract Lab				outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE	l		9			Check if Austin	, TX,	officeholder livin	g expense
		l					Campaign Co	ontr	ract Labor	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ought	į		Office h	eld
	expenditure to benefit C/O	Н								
⊨	Date	Г	Davis a Traini							
		l	Payee name							
	05/28/2025		Yanuzzi, Joy	yce						
	Amount (\$)	l	Payee addres	ss; City;	State; Zip (	Code				
	\$150.00	l	2059 Cowar	n Drive						
			New Braunf	els, TX 78132						
_	PURPOSE	(2)				(h)	<b>)</b> Description			
	OF	(۳)		e Categories listed at the ges/Contract Lab		(")	`	outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE	l	Salalies/wa	ges/Contract Lat	JOI		ш		officeholder livin	
		l					Campaign Co	ontr	ract Labor	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	<u> </u>			Office h	eld
	expenditure to benefit C/O									
1										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 1/137 Rpt:	Friends of Donna Campbell				00068678				
4	CREDIT CARD ISSUER		ncial institution e Bank	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$76.00	(b) Date of Charge 02/11/2025	(c) Date(s) 0 03/18/202	Credit Card Issuer 5	Paid				
7	PAYEE	(a) Payee name (b) Payee address; 548 W Cedar St Treasured Baby Steps				City,	State,	Zip Code		
Ļ		( ) 0 :		Olathe, KS						
8	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Campaign Constituent G				ts					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$54.40	(b) Date of Charge 04/02/2025	(c) Date(s) 0 05/20/2029	Credit Card Issuer 5	Paid				
	PAYEE	24HOURWRISTBANDS.COM			ddress; echnut FX 77083	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held				
	PAYMENT	(a) Amount Charged \$248.47	(b) Date of Charge 01/31/2025	(c) Date(s) 0 03/18/2029	Credit Card Issuer 5	Paid				
	PAYEE	(a) Payee name 4Imprint		(b) Payee at 101 Comm  Oshkosh, V	nerce St	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Descripti						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)						
Sch: 2/137 Rpt:	Friends of Donna C	ampbell		00068678						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$21.64	03/18/2025								
7 PAYEE	Adobe.com  (b) Layer database,  345 Park Avenue				State,	Zip Code				
	(a) Oatawari		San Jose, CA 95110							
8 PURPOSE OF EXPENDITURE  X Political	EXPENDITURE  (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  Campaign Subscription									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 03/16/2025	(c) Date(s) Credit Card Issuer 04/21/2025	<sup>·</sup> Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Adobe.com		345 Park Avenue							
			San Jose, CA 95110							
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		i Campaidh Subschbiidh							
Non-Political	(2) D a 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(T. 0 11 01 11 T		<i></i>						
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expe	ense					
Complete ONLY if direct expenditure to benefit C/OH	Carialdate/Officeriolder	Tidile Office	o Sought	Office field						
PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 04/16/2025	(c) Date(s) Credit Card Issuer 05/20/2025	<sup>*</sup> Paid						
PAYEE	(a) Payee name Adobe.com		(b) Payee address; 345 Park Avenue San Jose, CA 95110	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Campaign Subscription							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

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)

nes/wages/contract Labor OTHER (enter a category not listed

l	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
l	Sch: 3/137 Rpt:	Friends of Donna C		00068678						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDITI CHARGED CARD		\$				
6	PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 05/16/2025	(c) Date(s) Cre 06/06/2025	edit Card Issuer	Paid				
7	PAYEE	(a) Payee name  Adobe.com		(b) Payee add	enue					
Ļ		( ) 0 :		San Jose, C						
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign S						
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
e	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	Paid				
		\$21.64	01/16/2025							
Г	PAYEE	(a) Payee name	I	(b) Payee add	ress;	City,	State,	Zip Code		
		Adobe.com		345 Park Av	enue					
				San Jose, CA 95110						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Campaign S						
l	X Political									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 06/16/2025	(c) Date(s) Cre	edit Card Issuer	Paid				
	PAYEE	(a) Payee name		(b) Payee add		City,	State,	Zip Code		
	Adobe.com			345 Park Ave San Jose, C						
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Campaign S	l					
1	Non-Political	(a) D (best 17)	of Towns Committee Columbia		Ob1:# A =::	-#C  - - " ·				
$\vdash$		\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Cneck if Austin, TX,	Office hold	ense			
€	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 4/137 Rpt:	Friends of Donna Campbell				00068678			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$5.37	(b) Date of Charge 01/25/2025	(c) Date(s) C 03/18/2025	Credit Card Issuer	Paid			
7	PAYEE	(a) Payee name Amazon		(b) Payee at 410 Terry	Ave N	City, State, Zip Code			
Ļ	DUDDOG 05	(a) Cataman		Seattle, W					
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description  District Off	ice Supplies				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
E	expenditure to benefit C/OH								
PAYMENT		(a) Amount Charged \$10.79	(b) Date of Charge 04/08/2025	(c) Date(s) C 05/20/2025	Credit Card Issuer	<sup>•</sup> Paid			
	PAYEE	(a) Payee name	(b) Payee ac	ldress;	City,	State,	Zip Code		
		Amazon		410 Terry /	Ave N				
				Seattle, WA 98109					
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description  District Off	on ice Supplies				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		7 Check if Austin TX	officeholder living exp	ense		
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Oneok ii zidatiii, 174,	Office held			
6	expenditure to benefit C/OH			<b>.</b> .					
	PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 05/07/2025	(c) Date(s) C 06/06/2025	Credit Card Issuer	Paid			
r	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
Amazon			410 Terry /	Ave N					
1				Seattle, W	A 98109				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description District Office	on ice Supplies				
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,		
1 Total pages Schedule F4:	1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
Sch: 5/137 Rpt:	Friends of Donna C	ampbell			00068678			
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	r Paid			
	\$13.51	01/12/2025						
7 PAYEE	(a) Payee name Amazon		(b) Payee 410 Terry	y Ave N	City,	State,	Zip Code	
8 PURPOSE OF	(a) Category		(b) Descri	WA 98109				
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		1 ' '	Office Supplies				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid			
.,,,,,,,	\$14.05	04/10/2025	05/20/20					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Amazon		410 Terry Ave N					
			Seattle, WA 98109					
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description District C	ption Office Supplies				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held			
PAYMENT	(a) Amount Charged \$17.31	(b) Date of Charge 05/24/2025	(c) Date(s) 06/06/20	) Credit Card Issue 125	r Paid			
PAYEE	(a) Payee name Amazon		(b) Payee 410 Terry Seattle, V		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip District C	ption Office Supplies				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	ı							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete thi	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
	Sch: 6/137 Rpt:	Friends of Donna C	Campbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$19.38	(b) Date of Charge 05/16/2025	(c) Date(s) C 06/06/202	Credit Card Issuer	Paid		
7	PAYEE	(a) Payee name Amazon		(b) Payee at	Ave N	City,	State,	Zip Code
Ļ	DUDDOCE OF	(a) Category		Seattle, War				
8	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Reni			ice Supplies			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$21.60	(b) Date of Charge 02/26/2025	(c) Date(s) C 03/18/2025	Credit Card Issuer	<sup>*</sup> Paid		
PAYEE (a) Payee name		<u> </u>	(b) Payee ac	ldress;	City,	State,	Zip Code	
				410 Terry /	Ave N			
L				Seattle, W				
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description  District Off	on ice Supplies			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		7 Check if Austin TX	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Oneok ii zidatiii, 174,	Office held		
6	expenditure to benefit C/OH			<b>.</b> .				
	PAYMENT	(a) Amount Charged \$21.62	(b) Date of Charge 05/08/2025	(c) Date(s) C 06/06/2025	Credit Card Issuer	Paid		
T	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
		Amazon		410 Terry /	Ave N			
				Seattle, W	A 98109			
	PURPOSE OF EXPENDITURE  X Political	TURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office	on ice Supplies			
1	Non-Political	(c) Check if travel outside	T. Check if Austin, TX, officeholder living expense					
e	Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)			
Sch: 7/137 Rpt:	Friends of Donna C	ampbell		00068678					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged \$21.62	(b) Date of Charge 05/15/2025	(c) Date(s) Credit Card Issuer 06/06/2025	Paid					
7 PAYEE	(a) Payee name  Amazon		(b) Payee address; 410 Terry Ave N	City,	State,	Zip Code			
0 DUDDOCE OF	(a) Category		Seattle, WA 98109 (b) Description						
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent	,	District Office Supplies						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$22.94	(b) Date of Charge 05/09/2025	(c) Date(s) Credit Card Issuer 06/06/2025	<sup>•</sup> Paid					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Amazon		410 Terry Ave N						
			Seattle, WA 98109						
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description District Office Supplies						
Non-Political	(a) Chapte if traval outside	of Texas. Complete Schedule T.	Charle if Austin TV	office belder living even					
	(c) Check if travel outside Candidate/Officeholder	·	e sought	officeholder living expe	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	maric Office	2 Sought	Office field					
PAYMENT	(a) Amount Charged \$29.22	(b) Date of Charge 02/12/2025	(c) Date(s) Credit Card Issuer 03/18/2025	Paid					
PAYEE	(a) Payee name  Amazon		(b) Payee address; 410 Terry Ave N Seattle, WA 98109	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense				
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	nis form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)
	Sch: 8/137 Rpt:	Friends of Donna C	ampbell			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	Paid		
		\$29.26	01/13/2025					
7	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
		Amazon		410 Terry				
				Seattle, W				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
	X Political	Office Overhead/Rent		District Of	fice Supplies			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	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	. ,	Credit Card Issuer	Paid		
		\$30.19	04/10/2025	05/20/202	:5			
PAYEE (a) Payee name		•	(b) Payee a	ddress;	City,	State,	Zip Code	
		Amazon		410 Terry	Ave N			
				Seattle, W	/A 98109			
	PURPOSE OF	(a) Category		(b) Descript				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		District Office Supplies				
	X Political		···· —					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, 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	. ,	Credit Card Issuer	Paid		
		\$33.55	02/13/2025	03/18/202	.5			
Г	PAYEE	(a) Payee name	1	(b) Payee a	ddress;	City,	State,	Zip Code
				410 Terry	Ave N			
		Amazon						
				Seattle, W	/A 98109			
	PURPOSE OF	(a) Category		(b) Descript				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	District Of	fice Supplies			
	X Political	Janes Overneau/Nem	ы шаропос					
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin,				officeholder living expe	ense	
	Complete ONLY if direct	omplete ONLY if direct				Office held		
e	xpenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)		
	Sch: 9/137 Rpt:	Friends of Donna C	ampbell			00068678				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$35.70	(b) Date of Charge 05/20/2025	(c) Date(s) 06/06/20	Credit Card Issue 25	r Paid				
7	PAYEE	(a) Payee name Amazon		(b) Payee 410 Terry Seattle.		City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description District Office Supplies  (c) Check if travel outside of Texas. Complete Schedule T.								
	Non-Political				Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$42.15	(b) Date of Charge 02/26/2025	(c) Date(s) 03/18/20	Credit Card Issue 25	r Paid				
	PAYEE	PAYEE (a) Payee name  Amazon		(b) Payee 410 Terr		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
<u>_</u>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$43.29	(b) Date of Charge 02/19/2025	(c) Date(s) 03/18/20	Credit Card Issue 25	r Paid				
	PAYEE	(a) Payee name Amazon	1	(b) Payee 410 Terry Seattle, V		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Descrip District C	office Supplies					
$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
ı										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)		
	Sch: 10/137 Rpt:	Friends of Donna C	ampbell			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	Paid				
		\$44.59	01/13/2025							
7	PAYEE	(a) Payee name		(b) Payee a	iddress;	City,	State,	Zip Code		
		Amazon		410 Terry						
Ļ		(a) Oatawari		Seattle, W						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript						
	X Political	Office Overhead/Rent	I DISHICLOHICE SUDDICS							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check 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) 05/20/202	Credit Card Issuer	Paid				
		\$59.55	04/11/2025	03/20/202	.5					
	PAYEE (a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code			
		Amazon		410 Terry	Ave N					
				Seattle, W	/A 98109					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodula)	(b) Descript						
	X Political	Office Overhead/Rent		District Of	fice Supplies					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living expe	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<b>_</b>	Office held				
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
		\$67.06	01/13/2025							
Г	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
				410 Terry	Ave N					
		Amazon								
				Seattle, W	/A 98109					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cobodule)	(b) Descript						
		Office Overhead/Rent		District Of	fice Supplies					
	X Political									
	Non-Political	(*) <b>—</b>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
	Complete ONLY if direct Candidate/Officeholder name Office					Office held				
e	xpenditure to benefit C/OH									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete thi	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
	Sch: 11/137 Rpt:	Friends of Donna C	Campbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
		\$75.83	05/28/2025					
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
		Amazon		410 Terry /	Ave N			
L				Seattle, W				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Descripti				
		Office Overhead/Rent		District Off	ice Supplies			
	X Political							
	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 Office	e sought		Office held		
e	expenditure to benefit C/OH							
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
		\$81.18	02/19/2025	03/10/2023	0			
Г	PAYEE (a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
		Amazon		410 Terry /	Ave N			
				Seattle, W	A 98109			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description District Off	on ice Supplies			
	X Political	Office Overhead/Rent	tal Expense					
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	· Paid		
		\$92.86	06/24/2025					
Г	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
				410 Terry	Ave N			
		Amazon						
L				Seattle, W	A 98109			
	PURPOSE OF	(a) Category	of this schodule)	(b) Descripti				
	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		,	District Off	ice Supplies			
	X Political	Political						
L	Non-Political	(c) Check if travel outside	T. Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 12/137 Rpt:	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED VITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$103.18	02/23/2025	03/18/202	5			
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	Amazon		410 Terry	Ave N			
			Seattle, W				
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cobodule)	(b) Descripti				
EXPENDITURE  X Political	Office Overhead/Rental Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$140.70	(b) Date of Charge 05/07/2025	(c) Date(s) ( 06/06/202	Credit Card Issuer 5	· Paid		
PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code
	Amazon		410 Terry	Ave N			
			Seattle, W	A 98109			
PURPOSE OF	(a) Category	of this cobodule)	(b) Descripti				
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		District Off	fice Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$150.00	(b) Date of Charge 05/08/2025	(c) Date(s) ( 06/06/202	Credit Card Issuer 5	Paid		
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
			410 Terry	Ave N			
	Amazon						
			Seattle, W				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
<u> </u>	Office Overhead/Rent	,	District Off	fice Supplies			
X Political		·					
Non-Political					officeholder living expe	ense	
Complete ONLY if direct Candidate/Officeholder name Office sought					Office held		
expenditure to benefit C/OH							

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Officeriolder/Folitica	ŭ	ruction Guide explains how	•	THEN (enter a category not listed a	ibove)		
1	Total pages Schedule F4:		<u> </u>	·	3 Filer ID (Ethics Commis	sion Filers)		
	Sch: 13/137 Rpt:	Friends of Donna C	Campbell		00068678	,		
4	CREDIT CARD ISSUER	Name of final	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	r Paid			
		\$595.36	01/13/2025					
7	PAYEE	(a) Payee name  BestBuy.com		(b) Payee address; 7075 Flying Cloud Dr	City, State,	Zip Code		
Ļ		(a) Category		Eden Prairirp, MN 55344- (b) Description	-3532			
8	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense  District Office Supplies						
				, officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$88.23	(b) Date of Charge 04/17/2025	(c) Date(s) Credit Card Issue 05/20/2025	r Paid			
PAYEE		(a) Payee name		(b) Payee address;	City, State,	Zip Code		
		Blossom Flower De	elivery	8135 Varna Ave				
┡		(a) Oatawari		Van Nuys, CA 91402				
	PURPOSE OF EXPENDITURE  X Political	(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			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$32.41	(b) Date of Charge 05/31/2025	(c) Date(s) Credit Card Issue	r Paid			
	PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
		Buc-ee's		2304 W Mulberry				
L				Angleton, TX 77515				
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		•	(b) Description Campaign Staff Meals While Travelling To Capitol				
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			, officeholder living expense			
$\vdash$	Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held							
e	expenditure to benefit C/OH			<b>3</b> ·				
ı								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 14/137 Rpt:	Friends of Donna Ca	ampbell	!	00068678			
4 CREDIT CARD	Name of finan	icial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see pro	evious	EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$3.00	03/12/2025	04/21/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Capitol Gift Shop		1400 North Congress Ave				
	( ) 0-1		Austin, TX 78701				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description  Campaign Constituent Gift	to			
X Political	Gift/Awards/Memorials		Campaign Constituent Sin	ıs			
Non-Political	(c) Check if travel outside o	of Texas. Complete Schedule T.		officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer 04/21/2025	Paid			
	\$6.77	03/11/2025	04/21/2023				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Capitol Gift Shop		1400 North Congress Ave				
			Austin, TX 78701				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description	<u>.</u> _			
	Gift/Awards/Memorials		Campaign Constituent Gifts				
X Political	<u> </u>		<u> </u>				
Non-Political		of Texas. Complete Schedule T.		officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$6.77	03/11/2025	04/21/2025				
		i					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Capitol Gift Shop		1400 North Congress Ave				
	Capitol Gilt 3110μ						
	() 2		Austin, TX 78701				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description  Campaign Constituent Gift	to			
X Political	Gift/Awards/Memorials		Campaign Constituent Cin	ıs			
Non-Political	4. 🗖						
	(c) Check if travel outside o	of Texas. Complete Schedule T.	Check if Austin, TX, one sought	officeholder living expense Office held			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Oniceriolaer	Hallle Onice	3 Sought	Office field			
experiulture to belieff of c							

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>	·	3 Filer ID (Ethics Commission Filers)					
Sch: 15/137 Rpt:	Friends of Donna C	ampbell		00068678					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged \$6.77	(b) Date of Charge 05/21/2025	(c) Date(s) Credit Card Issuer 06/06/2025	Paid					
7 PAYEE	(a) Payee name  Capitol Gift Shop		(b) Payee address; 1400 North Congress Ave Austin, TX 78701	City, State, Zip Code					
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorials		(b) Description Campaign Constituent Gif	ts					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged \$12.99	(b) Date of Charge 03/11/2025	(c) Date(s) Credit Card Issuer 04/21/2025	Paid					
PAYEE	PAYEE (a) Payee name  Capitol Gift Shop		(b) Payee address; 1400 North Congress Ave Austin, TX 78701	City, State, Zip Code					
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorials		(b) Description Campaign Constituent Gifts						
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged \$34.64	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Issuer 03/18/2025	Paid					
PAYEE	(a) Payee name  Capitol Gift Shop		(b) Payee address; 1400 North Congress Ave Austin, TX 78701	City, State, Zip Code					
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gif	ts					
Non-Political	(c) described states and a state of the stat								
Complete ONLY if direct expenditure to benefit C/OH									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)		
	Sch: 16/137 Rpt:	Friends of Donna C	ampbell			00068678				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$40.59	(b) Date of Charge 02/14/2025	(c) Date(s) 03/18/20	) Credit Card Issuer 25	Paid				
7	PAYEE	(a) Payee name  Capitol Gift Shop		(b) Payee 1400 No Austin, T	rth Congress Ave	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descrip		ts				
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
L	expenditure to benefit C/OH	( ) 1	[ (1) B / (0)	1() 5 ( (	0 10 11					
	PAYMENT	(a) Amount Charged \$73.07	(b) Date of Charge 03/11/2025	04/21/20	) Credit Card Issuer 25	Paid				
	Capitol Gift Shop			(b) Payee 1400 No Austin, T	rth Congress Ave	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descri		ts				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held				
	PAYMENT	(a) Amount Charged \$135.31	(b) Date of Charge 02/12/2025	(c) Date(s) 03/18/20	) Credit Card Issuer 25	Paid				
	PAYEE	(a) Payee name  Capitol Gift Shop		(b) Payee 1400 No Austin, T	rth Congress Ave	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	TURE (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts						
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held				
ı										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 17/137 Rpt:	Friends of Donna C	Campbell		00068678			
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	r Paid			
	\$146.14	05/20/2025	06/06/2025				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	Capitol Gift Shop		1400 North Congress Ave	9			
			Austin, TX 78701				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	n.			
X Political	Gift/Awards/Memorial		Campaign Constituent Git	TS			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$173.20	(b) Date of Charge 05/21/2025	(c) Date(s) Credit Card Issue 06/06/2025	r Paid			
PAYEE (a) Payee name			(b) Payee address;	City, State, Zip Code			
	Capitol Gift Shop		1400 North Congress Ave	•			
	(a) Oatawari		Austin, TX 78701				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Campaign Constituent Gifts				
X Political			_				
Non-Political	· · · —	of Texas. Complete Schedule T.		officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held			
PAYMENT	(a) Amount Charged \$147.09	(b) Date of Charge 05/21/2025	(c) Date(s) Credit Card Issue 06/06/2025	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Central Market		4477 S Lamar				
			Austin, TX 78745				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	•	District Office Supplies				
X Political	X Political Office Overhead/Rental Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)								
Sch: 18/137 Rpt:	Friends of Donna C	Campbell		00068678								
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	r Paid								
	\$155.67	02/25/2025	03/18/2025									
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code								
	Central Market		4001 N Lamar									
			Austin, TX 78756									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description									
X Political	Office Overhead/Rent	,	District Office Supplies									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense								
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held								
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged \$11.52	(b) Date of Charge 02/10/2025	(c) Date(s) Credit Card Issue 03/18/2025	r Paid								
PAYEE	(a) Payee name	l	(b) Payee address;	City, State, Zip Code								
	Chick-Fil-A		1663 W State Highway 46									
			New Braunfels, TX 78132	2								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Campaign Staff Meeting									
X Political	Food/Beverage Exper	nse										
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 Offic	e sought	Office held								
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid								
	\$403.26	01/14/2025										
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code								
			4301 W William Cannon I	Dr								
	Chuy's											
			Austin, TX 78749									
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description									
	Food/Beverage Exper	,	Capitol Staff Meeting									
X Political												
Non-Political	· · · —	of Texas. Complete Schedule T.	<b>_</b>									
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held								
1												

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 19/137 Rpt:	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
	\$426.00	01/10/2025					
7 PAYEE	(a) Payee name  CJ's Cookie Cutter		(b) Payee 506 N M	ain	City,	State,	Zip Code
	( ) 0 :			on, TX 77657			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
X Political	Food/Beverage Expe		Capitol S	Staff Meeting			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$61.71	(b) Date of Charge 04/07/2025	(c) Date(s) 05/20/20	) Credit Card Issuer )25	Paid		
PAYEE	YEE (a) Payee name (b) Payee address;  Crumbl 5207 Brodie Ln Ste 110			City,	State,	Zip Code	
			odie Ln Ste 110				
			Austin, T				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Capitol Staff Meeting				
	Food/Beverage Expe		Capitol S	staff Meeting			
X Political							
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
	\$27.48	01/09/2025					
PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code
	Dollar General		1812 S V	Valnut Ave			
			New Bra	unfels, TX 78130			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top		District C	Office Supplies			
X Political	Office Overhead/Ren	аі ⊏хренѕе					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)					
Sch: 20/137 Rpt:	Friends of Donna C	Campbell		00068678						
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	r Paid						
	\$14.88	02/25/2025	03/18/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City, St	ate, Zip Code					
	Dollar Tree		612 S Walnut Ave							
			New Braunfels, TX 78130	)						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
X Political	Office Overhead/Rent	•	District Office Supplies							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense						
9 Complete ONLY if direct	•			Office held						
expenditure to benefit C/OH		-								
PAYMENT	(a) Amount Charged \$24.64	(b) Date of Charge 04/04/2025	(c) Date(s) Credit Card Issue 05/20/2025	r Paid						
PAYEE	(a) Payee name		(b) Payee address;	City, St	ate, Zip Code					
	Domino's		1101 N I 35							
			San Marcos, TX 78666							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Campaign Staff Meeting							
X Political	Food/Beverage Expe									
Non-Political	· · · —	of Texas. Complete Schedule T.		officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held						
PAYMENT	(a) Amount Charged \$17.32	(b) Date of Charge 03/06/2025	(c) Date(s) Credit Card Issue 04/21/2025	r Paid						
PAYEE	(a) Payee name		(b) Payee address;	City, St	ate, Zip Code					
	DoorDash.com		303 2nd St 8th Floor							
			San Francisco, CA 94107	,						
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top		Capitol Staff Meeting							
X Political	Food/Beverage Exper	nse								
Non-Political	(1)	of Texas. Complete Schedule T.		officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	w to	complete thi	is form.			
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethic	s Commis	sion Filers)
	Sch: 21/137 Rpt:	Friends of Donna C	ampbell				00068678		
4	CREDIT CARD ISSUER		ncial institution revious	5	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge			Credit Card Issuer	Paid		
		\$23.68	03/05/2025		04/21/202	5			
7	PAYEE	(a) Payee name		(	(b) Payee ac	ldress;	City,	State,	Zip Code
		DoorDash.com		;	303 2nd St	8th Floor			
				_		sco, CA 94107			
8	PURPOSE OF	(a) Category	of this cobody (a)	- 1 '	(b) Descripti				
	EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe	Expense Capitor Start Weeting						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense	
9	Complete ONLY if direct					Office held			
e:	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge			Credit Card Issuer	Paid		
		\$39.62	02/26/2025		03/18/2025				
	PAYEE	(a) Payee name		(	(b) Payee ac	ldress;	City,	State,	Zip Code
		DoorDash.com		303 2nd St	8th Floor				
						sco, CA 94107			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	- 1 '	(b) Descripti				
	X Political	Food/Beverage Expe		'	Capitol Sta	iff Meeting			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Г	Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	ce s	ought		Office held		
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(	(c) Date(s) C	redit Card Issuer	· Paid		
		\$87.98	01/14/2025						
	PAYEE	(a) Payee name		(	(b) Payee ac	ldress;	City,	State,	Zip Code
				;	303 2nd St	8th Floor			
		DoorDash.com							
					San Franci	sco, CA 94107			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)		(b) Descripti				
	EXPENDITURE	Food/Beverage Exper		1	Capitol Sta	iff Meeting			
	X Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	ce s	sought		Office held		
e	expenditure to benefit C/OH								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Com	mission Filers)				
Sch: 22/137 Rpt:	Friends of Donna C	Campbell		00068678					
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					
	\$97.46	05/14/2025	06/06/2025						
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, Stat	e, Zip Code				
	DoorDash.com		303 2nd St 8th Floor						
			San Francisco, CA 94107	7					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
X Political	Food/Beverage Expe		Capitol Staff Meeting						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense					
			e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$98.11	06/01/2025							
PAYEE (a) Payee name (b) Pay			(b) Payee address;	City, Stat	e, Zip Code				
	DoorDash.com		303 2nd St 8th Floor						
	DoorDasii.com								
			San Francisco, CA 94107	7					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Capitol Staff Meeting						
l <u>—</u>	Food/Beverage Expe		Capitor Starr Meeting						
X Political									
Non-Political	· · · —	of Texas. Complete Schedule T.	_	, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH	() 1	L (1) D (1) (1)	1() 5 : () 6 : 11	B : 1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 06/06/2025	er Paid					
	\$113.54	05/23/2025	00/00/2020						
PAYEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code				
I TAILL	(a) Fayee name		303 2nd St 8th Floor	City, Stat	e, Zip Code				
	DoorDash.com		303 211d 3t 6ti1 F1001						
			San Francisco, CA 94107	7					
PURPOSE OF	(a) Category		(b) Description	•					
EXPENDITURE	(See Categories listed at the top	,	Capitol Staff Meeting						
X Political	Food/Beverage Expe	nsė							
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	<u> </u>	ce sought Office held						
expenditure to benefit C/OH			-						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 23/137 Rpt:	Friends of Donna C	ampbell		00068678			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$387.39	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issuer 03/18/2025	r Paid			
7 PAYEE	(a) Payee name  DoorDash.com		(b) Payee address; 303 2nd St 8th Floor	City,	State,	Zip Code	
	( ) 5 :		San Francisco, CA 94107				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	· ·	(b) Description Capitol Staff Meeting				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	e sought	Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$21.63	(b) Date of Charge 04/03/2025	(c) Date(s) Credit Card Issuer 05/20/2025	r Paid			
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code	
	eBay.com		2025 Hamilton Ave				
			San Jose, CA 95125				
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Capitol Office Supplies				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chook if Auctin TV	officeholder living ever	nco		
Complete ONLY if direct	Candidate/Officeholder		e sought	officeholder living expe	ense		
expenditure to benefit C/OH	Garialadio, Gillochioladi	That To This	o oodgin	Omoo nola			
PAYMENT	(a) Amount Charged \$28.12	(b) Date of Charge 03/13/2025	(c) Date(s) Credit Card Issuer 04/21/2025	r Paid			
PAYEE	(a) Payee name eBay.com	1	(b) Payee address; 2025 Hamilton Ave San Jose, CA 95125	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies				
Non-Political	(c) Check if travel outside	Check if Austin, TX,	officeholder living expe	ense			
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	s Commiss	sion Filers)				
Sch: 24/137 Rpt:	Friends of Donna C	ampbell		00068678						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$37.48	(b) Date of Charge 03/13/2025	(c) Date(s) Credit Card Issuel 04/21/2025	r Paid						
7 PAYEE	(a) Payee name eBay.com		(b) Payee address; 2025 Hamilton Ave	City,	State,	Zip Code				
	( ) 5 :		San Jose, CA 95125							
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Capitol Office Supplies							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense					
9 Complete ONLY if direct	Candidate/Officeholder	e sought	Office held							
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$292.19	(b) Date of Charge 03/13/2025	(c) Date(s) Credit Card Issuer 04/21/2025	r Paid						
PAYEE (a) Payee name (b) Payee address;			(b) Payee address;	City,	State,	Zip Code				
	eBay.com		2025 Hamilton Ave							
			San Jose, CA 95125							
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Capitol Office Supplies							
Non-Political	(a) Chaple if traval autaids	of Toyon, Complete Schodule T	Chapte if Augstin, TV	office holder living even						
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expe	ense					
expenditure to benefit C/OH	Caradate/Onlecholder	That Comes	o sought	Office field						
PAYMENT	(a) Amount Charged \$9.74	(b) Date of Charge 01/15/2025	(c) Date(s) Credit Card Issue	r Paid						
PAYEE	(a) Payee name Four Seasons		(b) Payee address; 98 San Jacinto Blvd Austin, TX 78701	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging							
Non-Political	(C) Check if travel outside	Check if Austin, TX,	officeholder living expe	ense						
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)				
Sch: 25/137 Rpt:	Friends of Donna C	ampbell		00068678						
4 CREDIT CARD ISSUER	1	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						
	\$280.06	01/15/2025								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Four Seasons		98 San Jacinto Blvd							
			Austin, TX 78701							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
l <u> </u>	Travel Out of District	or this serieucie)	Campaign Staff Lodging							
X Political										
Non-Political	(1)	of Texas. Complete Schedule T.	<b>L</b>	, officeholder living exp	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH	(-) A	(h) Data at Obania	(-) D-+-(-) Our-dit O- and I	- D-:-I						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 05/20/2025	er Pald						
	\$482.28	04/10/2025	00/20/2020							
PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code				
	(a) r ayou name		98 San Jacinto Blvd	Oity,	Otato,	Zip Code				
	Four Seasons Ciclo	)	oo can caomic biva							
			Austin, TX 78701							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top  Travel Out of District	of this schedule)	Campaign Staff Lodging							
X Political	Traver out or bistrict									
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 Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$21.31	01/23/2025								
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code				
			1600 Amphitheatre Parkw	vay						
	Google.com									
			Mountain View, CA 94043	3						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
<u> </u>	Office Overhead/Ren	*	Campaign Software Subs	scription						
X Political		<u>'</u>								
Non-Political	(c) Check if travel outside	<u> </u>	, officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)				
Sch: 26/137 Rpt:	Friends of Donna C	Campbell			00068678						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
	\$10.82	06/03/2025									
7 PAYEE	(a) Payee name Hampton Inn		(b) Payee 1701 Lav		City,	State,	Zip Code				
	riampton min		Austin, T	V 70701							
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip		Session						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	X, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought				Office held							
PAYMENT	(a) Amount Charged \$328.15	(b) Date of Charge 04/03/2025	(c) Date(s) 05/20/20	Credit Card Issue 25	r Paid						
PAYEE	(a) Payee name Hampton Inn	(b) Payee address; 1701 Lavaca		City,	State,	Zip Code					
PURPOSE OF	(a) Category		Austin, T. (b) Descrip								
EXPENDITURE    X   Political	(See Categories listed at the top Travel Out of District	of this schedule)		der Lodging For	Session						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	xpense					
Complete ONLY 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 Issue	r Paid						
	\$599.06	01/15/2025									
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code				
	Hampton Inn		1701 Lav	aca							
			Austin, T	X 78701							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	(See Categories listed at the top of this schedule)		(b) Description Officeholder Lodging For Session							
X Political											
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if A				, officeholder living ex	xpense					
Complete ONLY if direct expenditure to benefit C/OH											
	1										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	Ethics Commiss	sion Filers)				
Sch: 27/137 Rpt:	Friends of Donna C	Campbell			00068678						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITURI CHARGED TO CARD	ES	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid						
	\$1,549.81	05/28/2025									
7 PAYEE	(a) Payee name  Hampton Inn		(b) Payee address 1701 Lavaca Austin, TX 7870		City,	State,	Zip Code				
8 PURPOSE OF	(a) Category		(b) Description	)1							
EXPENDITURE  X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Officeholder Lo	dging For S	Session						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX,	officeholder living	expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$1,777.44	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issuer 03/18/2025		Paid						
PAYEE (a) Payee name (b)		(b) Payee address	S;	City,	State,	Zip Code					
	Hampton Inn		1701 Lavaca								
			Austin, TX 7870	)1							
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Lodging For Session								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX,	officeholder living	expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held						
PAYMENT	(a) Amount Charged \$1,777.44	(b) Date of Charge 03/14/2025	(c) Date(s) Credit 04/21/2025	Card Issuer	Paid						
PAYEE	(a) Payee name		(b) Payee address	S;	City,	State,	Zip Code				
	Hampton Inn		1701 Lavaca								
			Austin, TX 7870	)1							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	daina Far (	Coopie:						
l <u> </u>	Travel Out of District	· · · · · · · · · · · · · · · · · · ·	Officeholder Lo	uging For S	Session						
X Political											
Non-Political					officeholder living	expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held						
expenditure to benefit C/OH											

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 28/137 Rpt:	Friends of Donna C	Campbell			00068678				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid				
	\$1,977.32	06/03/2025							
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Hampton Inn		1701 Lava						
			Austin, TX						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti		C:				
X Political	Travel Out of District	<b>,</b>	Officerold	er Lodging For	Session				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid				
	\$3,300.97	03/25/2025	04/21/2025						
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
	Hampton Inn		1701 Lava	ca					
			Austin, TX						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Lodging For Session						
X Political	Traver out or District								
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 Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid				
	\$3,554.88	04/17/2025	05/20/202	5					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
			1701 Lava	ca					
	Hampton Inn								
			Austin, TX						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti						
l <u>—</u>	Travel Out of District	of this scriedule)	Officehold	er Lodging For	Session				
X Political									
Non-Political	(*)								
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH	<u> </u>								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 29/137 Rpt:	Friends of Donna C	Campbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$3,808.79	(b) Date of Charge 02/18/2025	(c) Date(s) 0 03/18/202	Credit Card Issuei 5	r Paid		
7	PAYEE	(a) Payee name  Hampton Inn		(b) Payee ad 1701 Lava	ca	City,	State,	Zip Code
L		( ) 6 :		Austin, TX				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descripti Officeholde	on er Lodging For :	Session		
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9				e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$3,874.49	(b) Date of Charge 05/06/2025	(c) Date(s) Credit Card Issuer 06/06/2025		r Paid		
	PAYEE (a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		` ' ' '		1701 Lava				
L				Austin, TX				
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Lodging For Session				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX.	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held		
6	expenditure to benefit C/OH			· ·				
	PAYMENT	(a) Amount Charged \$5,104.89	(b) Date of Charge 01/31/2025	(c) Date(s) 0 03/18/202	Credit Card Issuei 5	r Paid		
Г	PAYEE	(a) Payee name	ı	(b) Payee a	ddress;	City,	State,	Zip Code
		Hampton Inn		1701 Lava	ca			
1				Austin, TX	78701			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Lodging For Session				
	Non-Political	(c) Check if travel outside	Check if Austin, TX, officeholder living expense					
E	Complete ONLY if direct expenditure to benefit C/OH	NLY if direct						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.			
1	Fotal pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 30/137 Rpt:	Friends of Donna C	Campbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$5,371.74	(b) Date of Charge 05/06/2025	(c) Date(s 06/06/20	) Credit Card Issue )25	er Paid		
7	PAYEE	(a) Payee name  Hampton Inn		(b) Payee 1701 Lav Austin, T	/aca	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri		Session		
	Non-Political	', <b>\</b>	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense	
	Complete ONLY if direct Candidate/Officeholder name Office so			e sought		Office held		
e	expenditure to benefit C/OH							
	PAYMENT (a) Amount Charged \$50.38 (b) Date of Charge 03/18/2025 (c) Date(s) Credit Card Issuer 03/18/2025			r Paid				
	PAYEE	(a) Payee name HEB			address; th Flores St onio, TX 78204	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$61.31	(b) Date of Charge 05/17/2025	(c) Date(s 06/06/20	) Credit Card Issue 025	er Paid		
	PAYEE	(a) Payee name HEB			address; th Flores St onio, TX 78204	City,	State,	Zip Code
EXPENDITURE  (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Cap			(b) Descri Capitol (	Office Supplies				
L		Non-Political (c) Check if travel outside of Texas. Complete Schedule				, officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	riaine Office	e sought		Office held		
I								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commis	sion Filers)	
	Sch: 31/137 Rpt:	Friends of Donna C	ampbell			00068678			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$81.63	(b) Date of Charge 04/10/2025	(c) Date(s) 05/20/20	Credit Card Issue 25	r Paid			
7	PAYEE	(a) Payee name HEB			address; h Flores St onio, TX 78204	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip					
L				Check if Austin, TX,	officeholder living exp	ense			
	9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held				
е	expenditure to benefit C/OH			1/25//	0 10 11	5			
	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer 04/21/2025			r Pald					
	PAYEE	(a) Payee name HEB			h Flores St	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	onio, TX 78204 otion office Supplies				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$86.96	(b) Date of Charge 04/09/2025	(c) Date(s) 05/20/20	Credit Card Issue 25	r Paid			
	PAYEE	(a) Payee name HEB			address; h Flores St onio, TX 78204	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Capitol Office Supplies			office Supplies					
		Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
I									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)							
Sch: 32/137 Rpt:	Friends of Donna C	ampbell		00068678						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$91.64	(b) Date of Charge 02/24/2025	(c) Date(s) Credit Card Issuer 03/18/2025	Paid						
7 PAYEE	(a) Payee name HEB		(b) Payee address; 646 South Flores St San Antonio, TX 78204	City, State, Zip Coo	le					
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent									
Non-Political	(c) Check if travel outside		officeholder living expense							
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	ОН			Office held						
PAYMENT	(a) Amount Charged \$92.13	(b) Date of Charge 05/05/2025	(c) Date(s) Credit Card Issuer 06/06/2025	Paid						
PAYEE	(a) Payee name HEB		(b) Payee address; 646 South Flores St San Antonio, TX 78204	City, State, Zip Coo	le					
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Description Capitol Office Supplies							
Non-Political	· · · —	of Texas. Complete Schedule T.		officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
PAYMENT	(a) Amount Charged \$92.70	(b) Date of Charge 02/14/2025	(c) Date(s) Credit Card Issuer 03/18/2025	· Paid						
PAYEE	(a) Payee name HEB		(b) Payee address; 646 South Flores St San Antonio, TX 78204	City, State, Zip Coo	le					
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Capitol Office Supplies							
Non-Political	(c) Check if travel outside		officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
	·									

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	, ,	,	,
1 Total pages Schedule F4:							sion Filers)
Sch: 33/137 Rpt:	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$93.28	01/13/2025					
7 PAYEE	(a) Payee name HEB		(b) Payee 646 Sout	address; :h Flores St	City,	State,	Zip Code
				nio, TX 78204			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cobodule)	(b) Descrip				
EXPENDITURE  X Political	Office Overhead/Rent		District C	office Supplies			
			officeholder living exp	ense			
Somplete Giller and Giller			Office held				
expenditure to benefit C/OH							
PAYMENT         (a) Amount Charged         (b) Date of Charge         (c) Date(s) Credit Card Issue 04/21/2025           \$95.01         03/11/2025         04/21/2025			Paid				
Ψ33.01							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	HEB		646 Sout	h Flores St			
			San Anto	onio, TX 78204			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Capitol C	Office Supplies			
X Political	Office Overflead/Nerii	ai Experise					
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 Office	e sought		Office held		
expenditure to benefit C/OH		T	1				
PAYMENT	(a) Amount Charged \$115.72	(b) Date of Charge 01/30/2025	(c) Date(s) 03/18/20	) Credit Card Issuer 25	Paid		
PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code
			646 Sout	h Flores St			
	HEB 						
				onio, TX 78204			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Capitoi C	Office Supplies			
	X Political			_			
<u> </u>					Office hold	ense	
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate/Officeholder name Office sought				Office held		
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	· ·					cs Commis	sion Filers)	
	Sch: 34/137 Rpt:	Friends of Donna C	ampbell			00068678			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$136.09	(b) Date of Charge 01/30/2025	(c) Date(s) 03/18/20	Credit Card Issue 25	r Paid			
7	PAYEE	(a) Payee name HEB			address; h Flores St onio, TX 78204	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Descrip					
					Check if Austin, TX,	officeholder living exp	ense		
	9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH				Office held				
	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer 03/18/2025			r Paid					
	PAYEE	(a) Payee name HEB			address; h Flores St onio, TX 78204	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
<u>_</u>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$178.99	(b) Date of Charge 05/06/2025	(c) Date(s) 06/06/20	Credit Card Issue 25	r Paid			
	PAYEE	(a) Payee name HEB			address; h Flores St onio, TX 78204	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Capitol Office Supplies			office Supplies					
lacksquare	Ш	Non-Political (c) Check if travel outside of Texas. Complete Schedule T				Office hold	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
l									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)	
Sch: 35/137 Rpt:	Friends of Donna C	Campbell			00068678			
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
	\$185.10	01/13/2025						
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code	
	LIED		646 South	Flores St				
	HEB							
				o, TX 78204				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Office Overhead/Rent		DISTRICT OIII	ce Supplies				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name Office sought			Office held				
expenditure to benefit C/OH	·							
PAYMENT	(4) - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 1			Paid				
	\$209.58	04/01/2025	05/20/2025	)				
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code	
	   HEB		646 South	Flores St				
	1125		l					
DUDDOSE OF	(a) Cotagon;			o, TX 78204				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ce Supplies				
X Political	Office Overhead/Rent	tal Expense	Capitor Om	сс эцррпсэ				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	7 Check if Austin TX	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	•	e sought	Terresia i Adelini, 174,	Office held			
expenditure to benefit C/OH			· ·					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
	\$37.26	04/01/2025	05/20/2025	5				
	,,,,,,,,							
PAYEE	(a) Payee name	L	(b) Payee ad	ldress;	City,	State,	Zip Code	
			6600 S Mo	рас Expy S				
	Hobby Lobby							
			Austin, TX	78749				
PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Description					
EXPENDITURE 	Gift/Awards/Memorial		Campaign	Constituent Gif	ts			
X Political	X Political SilvAwards/Wernorials Expense							
Non-Political	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 Offic	e sought		Office held			
expenditure to benefit C/OH								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)					
Sch: 36/137 Rpt:	·											
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	RES	\$							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid							
	\$10.81	01/30/2025	03/18/2025									
7 PAYEE	(a) Payee name	•	(b) Payee addres	SS;	City,	State,	Zip Code					
	iHeartMedia		PO Box 41949									
			Boston, MA 02	241								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description									
Office Overhead/Rental Expense					cription							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				eck if Austin, TX, o	officeholder living exp	ense						
9 Complete ONLY if direct Candidate/Officeholder name Office sought					Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge (c) Date(s) Credit Card Issuer 04/21/2025			Paid							
	,											
PAYEE	(a) Payee name		(b) Payee addres	SS;	City,	State,	Zip Code					
	iHeartMedia		PO Box 41949	9								
			Boston, MA 02	241								
PURPOSE OF	(a) Category	-f.4b-i	(b) Description									
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Soft	tware Subsc	cription							
X Political		,										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	eck if Austin, TX, o	officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid							
	\$10.81	03/30/2025	05/20/2025									
PAYEE	(a) Payee name	l	(b) Payee addres	 SS;	City,	State,	Zip Code					
			PO Box 41949		•		·					
	iHeartMedia											
			Boston, MA 02	241								
PURPOSE OF	(a) Category		(b) Description									
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	*	Campaign Soft	tware Subsc	cription							
X Political	- Silios Sveilleau/iVelli	LAPONOO										
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				edule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held							
expenditure to benefit C/OH												

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)					
	Sch: 37/137 Rpt:	Friends of Donna C	Campbell			00068678							
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDIT CHARGED CARD		\$							
6	PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 04/30/2025	(c) Date(s) Cre 06/06/2025	edit Card Issuer	Paid							
7	PAYEE	(a) Payee name iHeartMedia		(b) Payee add PO Box 419	499	City,	State,	Zip Code					
L		( ) 5 :		Boston, MA									
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Campaign S	oftware Subso	cription							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, o			officeholder living exp	ense								
9	Complete ONLY if direct Candidate/Officeholder name Office sought			Office held									
E	expenditure to benefit C/OH												
	PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 05/30/2025	(c) Date(s) Cre	edit Card Issuer	· Paid							
H	PAYEE	(a) Payee name	l	(b) Payee add	ress;	City,	State,	Zip Code					
		iHeartMedia		PO Box 419	499								
				Boston, MA									
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Campaign S	oftware Subso	cription							
	Non-Political		of Towns Consulate Calculula T		Observation TV	-#h-ld ::i							
H		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense						
e	Complete ONLY if direct expenditure to benefit C/OH												
	PAYMENT	(a) Amount Charged \$441.20	(b) Date of Charge 05/28/2025	(c) Date(s) Cre	edit Card Issuer	Paid							
Г	PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code					
		JM Custom Screen	Print	1119 N Vela	SCO								
L				Angleton, TX									
	PURPOSE OF EXPENDITURE  X Political	URE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Campaign L			ogoed Items								
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			dule T. Check if Austin, TX, officeholder living expense									
E	Complete ONLY if direct expenditure to benefit C/OH	<u> </u>	e sought		Office held								

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica	ŭ	ruction Guide explains how	-	THER (effet a category not list	eu above)
1	Total pages Schedule F4:	·	3 Filer ID (Ethics Com	mission Filers)		
	Sch: 38/137 Rpt:	Friends of Donna C	Campbell		00068678	•
4	CREDIT CARD ISSUER	Name of final	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 Issuer	Paid	
		\$1,948.17	01/17/2025			
7	PAYEE	(a) Payee name  Juniper		(b) Payee address; 2400 E Cesar Chavez St	City, Stat #304	e, Zip Code
8	PURPOSE OF	(a) Category		Austin, TX 78702 (b) Description		
0	EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe		Capitol Staff Meeting		
l	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expense	
9				e sought	Office held	
е	expenditure to benefit C/OH					
	PAYMENT	(a) Amount Charged \$2,300.26	(b) Date of Charge 01/29/2025	(c) Date(s) Credit Card Issuer 03/18/2025	Paid	
	PAYEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code
		Juniper		2400 E Cesar Chavez St	#304	
┡	DUDDOCE OF	(a) Catagony		Austin, TX 78702 (b) Description		
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe		Capitol Staff Meeting		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chook if Austin TV	officeholder living expense	
⊢	Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held	
l e	expenditure to benefit C/OH			o oodg.it	G666.14	
	PAYMENT	(a) Amount Charged \$81.84	(b) Date of Charge 05/23/2025	(c) Date(s) Credit Card Issuer 06/06/2025	Paid	
	PAYEE	(a) Payee name	•	(b) Payee address;	City, Stat	e, Zip Code
		Krispy Kreme		701 E Stassney Ln		
L				Austin, TX 78745		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	,	(b) Description Capitol Staff Meeting		
	X Political			<u> </u>		
$\vdash$	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			officeholder living expense		
е	Complete ONLY if direct Candidate/Officeholder name C xpenditure to benefit C/OH			e sought	Office held	
l						

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
1	' °					3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 39/137 Rpt:	Friends of Donna C	ampbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$60.77	(b) Date of Charge 04/24/2025	(c) Date(s) 05/20/20	) Credit Card Issuei 25	r Paid		
7	PAYEE	(a) Payee name Kroger		(b) Payee 1804 V V		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip				
				officeholder living expe	ense			
9	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought			Office held				
	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer 03/18/2025			r Paid				
	PAYEE	(a) Payee name  Microsoft		(b) Payee 1 Microso		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip		ware Subscripti	on	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living expe	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$29.84	(b) Date of Charge 03/11/2025	(c) Date(s) 04/21/20	) Credit Card Issuei 25	r Paid		
	PAYEE	(a) Payee name  Microsoft		(b) Payee 1 Microso Redmono		City,	State,	Zip Code
			(b) Descrip Campaig	otion In Email and Soft	ware Subscripti	on		
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living expe	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(*		
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 40/137 Rpt:	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$29.84	(b) Date of Charge 04/12/2025	(c) Date(s) 05/20/20	Credit Card Issuer 25	Paid		
7 PAYEE	(a) Payee name  Microsoft		(b) Payee 1 Microso	oft Way	City,	State,	Zip Code
	() 2		<u> </u>	d, WA 98052			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Campaign Email and Software Subscription				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT (a) Amount Charged (b) Date of Charge \$29.84 05/12/2025			(c) Date(s) 06/06/20	Credit Card Issuer 25	Paid		
PAYEE	PAYEE (a) Payee name  Microsoft			address; oft Way	City,	State,	Zip Code
	(a) Oatawari			d, WA 98052			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Descrip	n Email and Soft	ware Subscripti	on	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held		
PAYMENT	(a) Amount Charged \$29.84	(b) Date of Charge 01/12/2025	(c) Date(s)	Credit Card Issuer	Paid		
PAYEE (a) Payee name  Microsoft			(b) Payee 1 Microso Redmond	•	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense				otion n Email and Soft	ware Subscripti	on	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 41/137 Rpt:	Friends of Donna C	Campbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid		
		\$29.84	06/12/2025					
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Microsoft		1 Microsof	•			
Ļ	PURPOSE OF	(a) Category		(b) Descripti	WA 98052			
8	EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent				ware Subscript	ion	
					officeholder living exp	ense		
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$49.80	(b) Date of Charge 02/11/2025	(c) Date(s) ( 03/18/202	Credit Card Issue 5	r Paid		
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Microsoft		1 Microsof	•			
				<del> </del>	WA 98052			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign Email and Software Subscription				
	X Political							
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$49.80	(b) Date of Charge 03/12/2025	(c) Date(s) ( 04/21/202	Credit Card Issue 5	r Paid		
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Microsoft		1 Microsof	t Way			
L				<del> </del>	WA 98052			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti		ava Cubaavint	i	
		Office Overhead/Rent		Campaign	Emaii and Sott	ware Subscript	IUII	
	X Political				_			
$\vdash$	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	o cought	Check if Austin, TX,	Office held	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office field		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 42/137 Rpt:	Friends of Donna C	Campbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED VITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	\$49.80	04/12/2025	05/20/202	5			
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Microsoft		1 Microsoft Way				
	(a) Oatawari			WA 98052			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	ion Email and Soft	wara Subsaria	tion	
X Political	Office Overhead/Ren		Campaign	Email and Son	ware Subscrip	uon	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) ( 06/06/202	Credit Card Issue 5	r Paid		
	\$49.80	05/12/2025					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Microsoft		1 Microsof	t Way			
			Redmond,	WA 98052			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign Email and Software Subscription				
X Political	Office Overhead/Reni		Campaign Email and Software Subscription				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$49.80	01/12/2025					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Migragaft		1 Microsof	t Way			
	Microsoft						
				WA 98052			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript		uvoro Cuboorio	tion	
l <u> </u>	Office Overhead/Ren		Campaign	Email and Soft	ware Subscrip	tion	
X Political				_			
Non-Political	(7)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	nis form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 43/137 Rpt:	Friends of Donna C	ampbell			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	Paid		
		\$49.80	06/12/2025					
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Microsoft		1 Microsof	•			
Ļ	DUDDOOF OF	(a) Catagon		<u> </u>	, WA 98052			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descript Campaign	Email and Soft	ware Subscript	ion	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$216.50	(b) Date of Charge 05/28/2025	(c) Date(s)	Credit Card Issuer	Paid		
	PAYEE	(a) Payee name	(b) Payee address;			City,	State,	Zip Code
		Neat Co.			ket St Ste 1200			
L		( ) 0 :		<u> </u>	nia, PA 19102			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign Software Subscription				
	X Political		<u> </u>					
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$400.00	(b) Date of Charge 01/24/2025	(c) Date(s)	Credit Card Issuer	Paid		
	PAYEE	(a) Payee name		(b) Payee a 390 South	ddress; Seguin Ave	City,	State,	Zip Code
		New Braunfels Cha	mber	New Brau	nfels, TX 78130			
	PURPOSE OF	(a) Category	of this cohody !- \	(b) Descript				
	EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Contribution	on			
	X Political	Candidate/Officeholde						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı -	·	·	·					

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 44/137 Rpt:	Friends of Donna C	Campbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$78.67	(b) Date of Charge 05/16/2025	(c) Date(s 06/06/20	) Credit Card Issue 125	r Paid		
7	PAYEE	(a) Payee name  Nothing Bundt Cak	es	(b) Payee 10225 R Austin, T	esearch Blvd #33	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	· · · · · · · · · · · · · · · · · · ·	(b) Descri				
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	expenditure to benefit C/OH			•				
	PAYMENT	(a) Amount Charged \$90.29	(b) Date of Charge 02/04/2025	(c) Date(s 03/18/20	) Credit Card Issue 125	r Paid		
	PAYEE	(a) Payee name  Nothing Bundt Cak	es	(b) Payee 10225 R Austin, T	esearch Blvd #33	City, 30	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living ex	pense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
	PAYMENT	(a) Amount Charged \$499.98	(b) Date of Charge 01/07/2025	(c) Date(s	) Credit Card Issue	r Paid		
	PAYEE	(a) Payee name  Nothing Bundt Cak	es	(b) Payee 10225 R Austin, T	esearch Blvd #33	City, 30	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	nse	(b) Descri Capitol S	Staff Meeting			
$\vdash$	Non-Political	`	of Texas. Complete Schedule T.	0 001:25+	Check if Austin, TX,	Office hold	pense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	riarne Offici	e sought		Office held		
1								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission F	ilers)			
Sch: 45/137 Rpt:	Friends of Donna C	ampbell		00068678			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$0.95	(b) Date of Charge 03/16/2025	(c) Date(s) Credit Card Issuer 04/21/2025	r Paid			
7 PAYEE	(a) Payee name Peoplefinders.com		(b) Payee address; 548 Market St Ste 29296	City, State, Zip	) Code		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		San Francisco, CA 94104 (b) Description Campaign Lookup Fees				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Office sought  (a) Amount Charged  (b) Date of Charge  (c) Date(s) Credit Card Issue			Office held			
PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 03/10/2025	(c) Date(s) Credit Card Issue 04/21/2025	r Paid			
PAYEE	(a) Payee name Perry's		(b) Payee address; 114 W 7th St Austin, TX 78701	City, State, Zip	) Code		
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Description Capitol Staff Meeting				
Non-Political	· · · —	of Texas. Complete Schedule T.	<b>_</b>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$549.00	(b) Date of Charge 04/03/2025	(c) Date(s) Credit Card Issuer 05/20/2025	r Paid			
PAYEE	(a) Payee name Photographic Desig	ın	(b) Payee address; 235 Point Lick Dr	City, State, Zip	) Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Charleston, WV 25306 (b) Description Legislative Photo				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)		
	Sch: 46/137 Rpt:	Friends of Donna C	ampbell			00068678				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$66.01	(b) Date of Charge 02/26/2025	(c) Date(s) 03/18/20	Credit Card Issue 25	r Paid				
7	PAYEE	(a) Payee name  Quattro Gatti		(b) Payee a 908 Cong	ress Ave	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$37.19	(b) Date of Charge 03/11/2025	(c) Date(s) 04/21/20	Credit Card Issuel 25	r Paid				
	PAYEE	(a) Payee name Sapori Italian			os St Ste 215	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, Ti (b) Descrip Capitol S						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$37.84	(b) Date of Charge 05/09/2025	(c) Date(s) 06/06/20	Credit Card Issue 25	r Paid				
	PAYEE	(a) Payee name Sapori Italian	1	(b) Payee 8 800 Braz	os St Ste 215	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip Capitol S	tion taff Meeting					
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)				
Sch: 47/137 Rpt:	Friends of Donna C	ampbell		00068678						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$22.65	(b) Date of Charge 05/22/2025	(c) Date(s) Credit Card Issue 06/06/2025	er Paid						
7 PAYEE	(a) Payee name Starbucks		(b) Payee address; 501 W 15th St	City,	State,	Zip Code				
	( ) 2 .		Austin, TX 78701							
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Capitol Staff Meeting							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expe	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$5.36	(b) Date of Charge 03/19/2025	(c) Date(s) Credit Card Issue 04/21/2025	er Paid						
PAYEE (a) Payee name (b) Payee			(b) Payee address;	City,	State,	Zip Code				
	Starbucks.com		2401 Utah Ave South Ste	9800						
			Seattle, WA 98134							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Capitol Staff Meeting							
X Political Non-Political										
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expe	ense					
Complete ONLY if direct expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$6.12	(b) Date of Charge 05/29/2025	(c) Date(s) Credit Card Issue	er Paid						
PAYEE	(a) Payee name Starbucks.com		(b) Payee address; 2401 Utah Ave South Ste Seattle, WA 98134	City, 9 800	State,	Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	(b) Description Capitol Staff Meeting								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	, officeholder living expe	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 48/137 Rpt:	Friends of Donna C	Campbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$		
6	PAYMENT	(a) Amount Charged \$7.47	(b) Date of Charge 03/21/2025	(c) Date(s 04/21/20	) Credit Card Issue )25	er Paid		
7	PAYEE	(a) Payee name Starbucks.com			address; ah Ave South Ste WA 98134	City, e 800	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Descri				
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
-	expenditure to benefit C/OH		T	T				
	PAYMENT	(a) Amount Charged \$11.80	(b) Date of Charge 03/06/2025	(c) Date(s 04/21/20	) Credit Card Issue 025	er Paid		
	PAYEE	(a) Payee name Starbucks.com			address; ah Ave South Ste WA 98134	City, e 800	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	K, officeholder living ex	pense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$12.61	(b) Date of Charge 05/02/2025	(c) Date(s 06/06/20	) Credit Card Issue )25	er Paid		
	PAYEE	(a) Payee name Starbucks.com			address; ah Ave South Ste WA 98134	City, e 800	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	nse	(b) Descri Capitol S	Staff Meeting			
	Non-Political	(7)	of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living ex	pense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete thi	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
	Sch: 49/137 Rpt:	Friends of Donna C	Campbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$13.69	(b) Date of Charge 05/20/2025	(c) Date(s) C 06/06/2025	Credit Card Issuer	Paid		
7	PAYEE	(a) Payee name Starbucks.com			Ave South Ste	City, 800	State,	Zip Code
Ļ	DUDDOOF OF	(a) Catagony		Seattle, W				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Capitol Sta				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$14.02	(b) Date of Charge 04/09/2025	(c) Date(s) C 05/20/2025	Credit Card Issuer	· Paid		
	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
		Starbucks.com		2401 Utah	Ave South Ste	800		
L				Seattle, W				
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description Capitol Sta				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	7 Chack if Austin TX	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	·	e sought	Check ii Addini, 1X,	Office held		
e	expenditure to benefit C/OH	Garrandato, Girisonolasi		o coag				
	PAYMENT	(a) Amount Charged \$14.23	(b) Date of Charge 03/19/2025	(c) Date(s) C 04/21/2025	Credit Card Issuer 5	Paid		
	PAYEE	(a) Payee name Starbucks.com		(b) Payee ac 2401 Utah	ddress; Ave South Ste	City, 800	State,	Zip Code
	DUDDOCE CE	Seattle, WA 98134						
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description Capitol Sta				
	Non-Political	(C) Check if travel outside	of Texas, Complete Schedule T		Check if Austin TY	officeholder living exp	ense	
€	Non-Political  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH				J CHECK II AUSUII, TA,	Office held	CHOC	

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The mac	raction Galac explains no	w to complete this form.				
1 Total pages Schedule F4	: 2 FILER NAME			3 Filer ID (Ethics	s Commiss	sion Filers)	
Sch: 50/137 Rpt:	Friends of Donna C	Campbell		00068678			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$14.23	(b) Date of Charge 04/11/2025	(c) Date(s) Credit Card Issue 05/20/2025	r Paid			
7 PAYEE	(a) Payee name Starbucks.com		(b) Payee address; 2401 Utah Ave South Ste Seattle, WA 98134	City, 800	State,	Zip Code	
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Capitol Staff Meeting				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expe	nse		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offi	ce sought	Office held			
PAYMENT	(a) Amount Charged \$14.23	(b) Date of Charge 04/16/2025	(c) Date(s) Credit Card Issue 05/20/2025	r Paid			
PAYEE	(a) Payee name Starbucks.com		(b) Payee address; 2401 Utah Ave South Ste Seattle, WA 98134	City, 800	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Capitol Staff Meeting				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder	name Offi	ce sought	Office held			
PAYMENT	(a) Amount Charged \$14.23	(b) Date of Charge 05/09/2025	(c) Date(s) Credit Card Issue 06/06/2025	r Paid			
PAYEE	(a) Payee name Starbucks.com		(b) Payee address; 2401 Utah Ave South Ste Seattle, WA 98134	City, 800	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Capitol Staff Meeting				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder	name Offi	ce sought	Office held			
1							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 51/137 Rpt:	Friends of Donna C	ampbell		00068678			
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 Issuer	r Paid			
	\$17.00	04/23/2025	05/20/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Starbucks.com		2401 Utah Ave South Ste	800			
8 PURPOSE OF	(a) Category		Seattle, WA 98134 (b) Description				
8 PURPOSE OF EXPENDITURE	(See Categories listed at the top		Capitol Staff Meeting				
X Political	Food/Beverage Expe	nse	Sapitor Starr Meeting				
Non-Political	`	of Texas. Complete Schedule T.	<b>—</b>	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	e sought	Office held				
expenditure to benefit C/OH  PAYMENT	(a) Amount Charged	(b) Date of Charge	(a) Data(a) Cradit Card Inqua	, Doid			
PATMENT	(a) Amount Charged		06/06/2025				
	\$17.10	05/24/2025					
PAYEE	(a) Payee name (b) Payee address;			City, State, Zip Code			
	Starbucks.com		2401 Utah Ave South Ste	800			
			Seattle, WA 98134				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Capitol Staff Meeting				
X Political	1 Odd/Beverage Expe	1130					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	e T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH  PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Doid			
PATWENT	(a) Amount Charged	` '	04/21/2025	Palu			
	\$18.35	03/26/2025					
PAYEE	(a) Payee name	l	(b) Payee address;	City, State, Zip Code			
	Ota alassa la a a a a		2401 Utah Ave South Ste	800			
	Starbucks.com						
			Seattle, WA 98134				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Capitol Staff Meeting				
_	Food/Beverage Expe		Capitor Stair Weeting				
X Political Non-Political	(a) D at 1 in 1 in 1	, <del>,</del>	<u> </u>	<i>(</i> , , , , , , , , , , , , , , , , , , ,			
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense Office held			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officefiolder	name Offic	c sought	Onice Held			
,							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete this	form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 52/137 Rpt:	Friends of Donna C	Campbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDIT CHARGED CARD		\$		
6	PAYMENT	(a) Amount Charged \$20.46	(b) Date of Charge 04/01/2025	(c) Date(s) Cro 05/20/2025	edit Card Issuer	Paid		
7	PAYEE	(a) Payee name Starbucks.com			ve South Ste	City, 800	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Seattle, WA (b) Description Capitol Staff	1			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
expenditure to benefit C/OH			e sought		Office held			
	PAYMENT	(a) Amount Charged \$20.46	(b) Date of Charge 04/25/2025	(c) Date(s) Cro 05/20/2025	edit Card Issuer	Paid		
	PAYEE	(a) Payee name Starbucks.com		(b) Payee add 2401 Utah A Seattle, WA	we South Ste	City, 800	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Capitol Staff	1			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	П	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$20.46	(b) Date of Charge 04/30/2025	(c) Date(s) Cro 06/06/2025	edit Card Issuer	Paid		
	PAYEE	(a) Payee name Starbucks.com		(b) Payee add 2401 Utah A Seattle, WA	ve South Ste	City, 800	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	OF (a) Category (b) Description (capitol schedule) (See Categories listed at the top of this schedule) (Capitol Food/Beverage Expense)		(b) Description Capitol Staff	1			
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 53/137 Rpt:	Friends of Donna C	ampbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$20.46	(b) Date of Charge 05/01/2025	(c) Date(s 06/06/20	) Credit Card Issue 125	r Paid		
7	PAYEE	(a) Payee name Starbucks.com			address; ah Ave South Ste WA 98134	City, 800	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Descri				
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
-	expenditure to benefit C/OH		T	T				
	PAYMENT	(a) Amount Charged \$22.35	(b) Date of Charge 05/23/2025	(c) Date(s)	) Credit Card Issue 125	r Paid		
	PAYEE	(a) Payee name Starbucks.com			address; ah Ave South Ste WA 98134	City, 800	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$24.41	(b) Date of Charge 05/26/2025	(c) Date(s 06/06/20	) Credit Card Issue 025	r Paid		
	PAYEE	(a) Payee name Starbucks.com			address; ah Ave South Ste WA 98134	City, 800	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Descri Capitol S	Staff Meeting			
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	ion Filers)
	Sch: 54/137 Rpt:	Friends of Donna C	ampbell		00068678		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged \$24.63	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/21/2025	er Paid		
7	PAYEE	(a) Payee name Starbucks.com		(b) Payee address; 2401 Utah Ave South Ste Seattle, WA 98134	City, e 800	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Capitol Staff Meeting			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.				
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$24.84	(b) Date of Charge 05/16/2025	(c) Date(s) Credit Card Issue 06/06/2025	er Paid		
	PAYEE	(a) Payee name Starbucks.com		(b) Payee address; 2401 Utah Ave South Ste Seattle, WA 98134	City, e 800	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Capitol Staff Meeting			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expen	ise	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$27.66	(b) Date of Charge 03/13/2025	(c) Date(s) Credit Card Issue 04/21/2025	er Paid		
	PAYEE	(a) Payee name Starbucks.com		(b) Payee address; 2401 Utah Ave South Ste Seattle, WA 98134	City, e 800	State,	Zip Code
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Capitol Staff Meeting			
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		, officeholder living expen	ise	
e	(c) Since the data and a second confidence as in secon			e sought	Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	pages Schedule F4: 2 FILER NAME					cs Commiss	sion Filers)
Sch: 55/137 Rpt:	Friends of Donna C	ampbell			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		Credit Card Issuer	Paid		
	\$27.66	05/21/2025	06/06/202	5			
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Starbucks.com			Ave South Ste	800		
	(a) Oatawari		Seattle, W				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	ion aff Meeting			
X Political	Food/Beverage Expe		Capitor Sta	an weeting			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH			•				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid		
	\$29.88	05/29/2025					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Starbucks.com		2401 Utah	Ave South Ste	800		
			Seattle, W	'A 98134			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Descript				
EXPENDITURE  X Political	Food/Beverage Expe		Capitol Sta	aff Meeting			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$36.10	05/28/2025					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Ota ta ata a sa		2401 Utah	Ave South Ste	800		
	Starbucks.com						
			Seattle, W				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodula)	(b) Descript				
l <u> </u>	Food/Beverage Exper		Capitol Sta	aff Meeting			
X Political							
Non-Political	(*) <b>—</b>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 56/137 Rpt:	Friends of Donna C	Campbell			00068678				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
		\$39.94	05/27/2025							
7	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code		
		Starbucks.com		2401 Utah	Ave South Ste	800				
L				Seattle, W						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Descripti						
		Food/Beverage Exper		Capitol Sta	aff Meeting					
	X Political									
	Non-Political	· · · —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct Candidate/Officeholder name One complete ONLY if direct complete ONLY is a second on the only only in the only in			e sought		Office held				
-	<u>'</u>	( )	T (1) = 1 ( 1)	1// - ///						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C 05/20/2025	Credit Card Issuer 5	Paid				
	\$91.73 04/07/2025		J							
PAYEE (a) Payee name (b) Payee		(b) Payee ac	ddress;	City,	State,	Zip Code				
		Target		5621 N IH	35					
				Austin, TX	78723					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Descripti Capitol Off	on ice Supplies					
	X Political	Office Overhead/Rent	tai Expense							
	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 Office	e sought		Office held				
€	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid				
		\$86.87	05/23/2025	06/06/202	0					
Г	PAYEE	(a) Payee name	ı	(b) Payee ac	ddress;	City,	State,	Zip Code		
		Tarras Obili Davian		1409 Lava	ca St					
		Texas Chili Parlor								
L				Austin, TX						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti						
	X Political	Food/Beverage Expe	*	Capitol Sta	aff Meeting					
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. г	Check if Austin, TX,	officeholder living exp	ense			
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held				
€	expenditure to benefit C/OH									

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officerolder/Folitica	· ·		•	TILK (enter a category	not iisteu ai	bove)
1						s Commiss	sion Filers)
	Sch: 57/137 Rpt:		ILER NAME 3 Fi riends of Donna Campbell 0006				,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged \$49.48	(b) Date of Charge 04/14/2025	(c) Date(s) Credit Card Issuel 05/20/2025	r Paid		
7	PAYEE	(a) Payee name  The Capitol Grill		(b) Payee address; 117 W 4th St Austin, TX 78701	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Capitol Staff Meeting			
	Non-Political		of Texas. Complete Schedule T.		officeholder living expe	nse	
9	' -			e sought	Office held		
е	xpenditure to benefit C/OH		T	1			
	PAYMENT	(a) Amount Charged \$32.10	(b) Date of Charge 02/13/2025	(c) Date(s) Credit Card Issuer 03/18/2025	r Paid		
	PAYEE	(a) Payee name  The Soup Peddler		(b) Payee address; 7200 Cooper Lane	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, TX 78745 (b) Description Capitol Staff Meeting			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$37.98	(b) Date of Charge 05/07/2025	(c) Date(s) Credit Card Issuer 06/06/2025	r Paid		
	PAYEE	(a) Payee name  The UPS Store		(b) Payee address; 1108 Lavaca Austin, TX 78701	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Shipping					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	nse	
е				e sought	Office held		
l							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:						cs Commiss	sion Filers)			
	Sch: 58/137 Rpt:	Friends of Donna C	ends of Donna Campbell			00068678					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged \$32.99	(b) Date of Charge 02/19/2025	(c) Date(s) ( 03/18/202	Credit Card Issuer 5	Paid					
7	PAYEE	(a) Payee name Tiff's Treats		(b) Payee at 1806 Nues	sces St	City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE  X Political	PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Capitol Staff Meeting									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	. Check if Austin, TX, officeholder living			ense				
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held					
	PAYMENT	(a) Amount Charged \$32.99	(b) Date of Charge 05/08/2025	(c) Date(s) ( 06/06/202	Credit Card Issuer 5	<sup>*</sup> Paid					
	PAYEE	(a) Payee name Tiff's Treats		(b) Payee at 1806 Nues Austin, TX	sces St	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descripti Capitol Sta	on						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense				
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$120.11	(b) Date of Charge 04/15/2025	(c) Date(s) ( 05/20/202	Credit Card Issuer 5	Paid					
PAYEE (a) Payee name  TLF Freytags		(b) Payee at 2211 W Ar Austin, TX	nderson	City,	State,	Zip Code					
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense		(b) Descripti Campaign	on Constituent Gif	ts						
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)					
Sch: 59/137 Rpt:											
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6 PAYMENT	(a) Amount Charged \$120.11	(b) Date of Charge 04/15/2025	(c) Date(s) Credit Card Issuel 05/20/2025	r Paid							
7 PAYEE	(a) Payee name  TLF Freytags		(b) Payee address; 2211 W Anderson	City,	State,	Zip Code					
			Austin, TX 78757								
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Campaign Constituent Gif	fts							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$3.78	01/05/2025									
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code					
	Tractor Supply		2916 N Velasco								
			Angleton, TX 78515								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description District Office Supplies								
X Political		Lat Experies									
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 Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$166.00	(b) Date of Charge 03/15/2025	(c) Date(s) Credit Card Issuel 04/21/2025	r Paid							
PAYEE (a) Payee name USPS		(b) Payee address; 555 Rebel Rd Kyle, TX 78640	City,	State,	Zip Code						
PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense		(b) Description Campaign Shipping								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.			
1	otal pages Schedule F4: 2 FILER NAME 3				3 Filer ID (Ethi	cs Commis	sion Filers)	
	Sch: 60/137 Rpt:	Friends of Donna C	ampbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$29.35	(b) Date of Charge 05/16/2025	(c) Date(s 06/06/20	) Credit Card Issue 025	er Paid		
7	PAYEE	(a) Payee name  Voodoo Donut		(b) Payee 212 E 6th Austin, T	h St	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri				
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	enditure to benefit C/OH			Office held			
	PAYMENT	(a) Amount Charged \$5.88	(b) Date of Charge 02/10/2025	(c) Date(s 03/18/20	) Credit Card Issue 025	er Paid		
	PAYEE	(a) Payee name Wal-Mart		(b) Payee address; 488 State Hwy 71		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri	ption Office Supplies			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense	
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$25.72	(b) Date of Charge 01/28/2025	(c) Date(s 03/18/20	) Credit Card Issue 125	er Paid		
	PAYEE	(a) Payee name Wal-Mart	1	(b) Payee 5017 US Austin, T	290	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descri Capitol C	Office Supplies			
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX	, officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Insti	ruction Guide explains how	to complete t	his form.			
2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
lle F4: 2 FILER NAME Friends of Donna Campbell				00068678		
		EXPEN	DITURES	\$		
(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
\$54.28	01/09/2025					
(a) Payee name Wal-Mart		5754 Kyle	e Pkwy	City,	State,	Zip Code
	of this schedule)					
		District Of	Tice Supplies			
· · · · · · · · · · · · · · · · · · ·	<u> </u>	]	Check if Austin, TX,		ense	
9 Complete ONLY if direct candidate/Officeholder name expenditure to benefit C/OH				Office held		
		1				
(a) Amount Charged \$126.46	(b) Date of Charge 02/10/2025			r Paid		
(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
Wal-Mart				- 91	,	<b>P</b>
		Bastrop.	ΓX 78602			
(a) Category	(b) Description					
		District Of	ffice Supplies			
(a) Chook if traval autoida	of Toyon, Complete Schodule T	<u> </u>	Chook if Austin TV	officeholder living over	20000	
` ' -	<u> </u>	e sought	Check if Adstiri, 17,		Jense	
		o ooug.n		J55 1.5.G		
(a) Amount Charged \$410.32	(b) Date of Charge 04/02/2025			r Paid		
(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		5017 US	290			
Wal-Mart						
		Austin, T	< 78735			
(a) Category		. ,				
		Capitol O	ffice Supplies			
- Silios Sveilleau/iVelli	LAPONOO					
(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense	
Candidate/Officeholder	name Offic	e sought		Office held		
	2 FILER NAME Friends of Donna C Name of final see pi  (a) Amount Charged \$54.28  (a) Payee name Wal-Mart  (a) Category (See Categories listed at the top Office Overhead/Rent (c) Check if travel outside Candidate/Officeholder  (a) Amount Charged \$126.46  (a) Payee name Wal-Mart  (a) Category (See Categories listed at the top Office Overhead/Rent (c) Check if travel outside Candidate/Officeholder  (a) Amount Charged \$410.32  (a) Payee name Wal-Mart  (a) Category (See Categories listed at the top Office Overhead/Rent (a) Category (See Categories listed at the top Office Overhead/Rent (c) Check if travel outside  (a) Category (See Categories listed at the top Office Overhead/Rent (c) Check if travel outside	Priends of Donna Campbell  Name of financial institution see previous  (a) Amount Charged \$54.28  (b) Date of Charge \$54.28  01/09/2025  (a) Payee name  Wal-Mart  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name  Offic  (a) Amount Charged \$126.46  02/10/2025  (a) Payee name  Wal-Mart  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name  Offic  (a) Amount Charged (b) Date of Charge Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Offic  (a) Amount Charged \$410.32  04/02/2025  (a) Payee name  Wal-Mart  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule) Office Overhead/Rental Expense	Priends of Donna Campbell  Name of financial institution See previous  (a) Amount Charged (b) Date of Charge (c) Date(s)  \$54.28  (b) Payee name  Wal-Mart  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Payee a  \$754 Kyle  (c) Date(s)  (d) Descrip District Office Sought  (e) Date of Charge Office Sought  (f) Date of Charge Office sought  (g) Date of Charge Office sought  (h) Payee a  488 State  Wal-Mart  Bastrop,  (h) Date of Charge Office Overhead/Rental Expense  (h) Payee a  488 State  Wal-Mart  Bastrop,  (h) Descrip District Office Overhead/Rental Expense  (c) Date(s) Office Overhead/Rental Expense  (d) Date of Charge Office Sought  (e) Date(s) Office Sought  (f) Date of Charge Office Sought  (g) Category (ge Categories listed at the top of this schedule) Office Overhead/Rental Expense  (h) Payee a  5017 US  (a) Payee name Wal-Mart  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Payee a  5017 US  (a) Payee name Wal-Mart  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Date(s) Office Overhead/Rental Expense  (d) Descrip Capitol O	Name of financial institution   See previous   S TOTAL OF UNITEMIZED   EXPRENDITURES   CHARGED TO A CREDIT   CARD	2 FILER NAME Friends of Donna Campbell  Name of financial institution see previous  (a) Amount Charged \$54.28  (b) Date of Charge O1/09/2025  (c) Date(s) Credit Card Issuer Paid  (b) Payee address; City, S754 Kyle Pkwy  Kyle, TX 78640  (b) Description District Office Supplies  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  (b) Payee address; City, S754 Kyle Pkwy  Kyle, TX 78640  (b) Description District Office Supplies  (c) Check if Iravel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  (b) Payee address; City, Office held  (c) Check if Austin, TX, officeholder living expectations of this schedule)  (d) Amount Charged S126.46  (d) Date of Charge O2/10/2025  (e) Payee address; City, A88 State Hwy 71  Bastrop, TX 78602  (e) Payee address; City, A88 State Hwy 71  Bastrop, TX 78602  (f) Description District Office Supplies  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Office Sought  Office Supplies  (b) Description District Office Supplies  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Office Sought  Office Supplies  (d) Payee name  Wal-Mart  (e) Date (s) Credit Card Issuer Paid O5/20/2025  (f) Date (s) Credit Card Issuer Paid O5/20/2025  (g) Payee name  Wal-Mart  Austin, TX, officeholder living expectations District Office Supplies  (h) Payee address; City, Sol7 US 290  Austin, TX 78735  (b) Description Capitol Office Supplies	Priends of Donna Campbell  Name of financial institution see previous  Name of financial institution see previous  STOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD  (a) Amount Charged S\$4.28  (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  (a) Payee name (b) Payee address; City, State, 5754 Kyle Pkwy Kyle, TX 78640  (a) Category Check if travel outside of Texas. Complete Schedule S\$26.46  (b) Date of Charge S\$26.46  (c) Check if Invest outside of Texas. Complete Schedule S\$26.46  (c) Date(s) Credit Card Issuer Paid  (d) Description District Office Supplies  (e) Date(s) Credit Card Issuer Paid  (f) Description District Office Supplies  (g) Date(s) Credit Card Issuer Paid  (g) Date(s) Credit Card Issuer Paid  (g) Date(s) Credit Card Issuer Paid  (g) Amount Charged S\$26.46  (g) Date(s) Credit Card Issuer Paid  (g) Date(s) Credit Card Issuer Paid  (g) Issuer Paid  (g) Date(s) Credit Card Issuer Paid  (g) Payee address; City, State, 488 State Hwy 71  Bastrop, TX 78602  (a) Category  (b) Payee address; City, State, 488 State Hwy 71  Bastrop, TX 78602  (b) Description District Office Supplies  (c) Description District Office Supplies  (d) Description District Office Supplies  (e) Date(s) Credit Card Issuer Paid  (g) Date(s) Credit Card I

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(1 11 11 11 11 11 11 11 11 11 11 11 11 1	,	,
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME 3					cs Commiss	sion Filers)
Sch: 62/137 Rpt:	Friends of Donna C	ends of Donna Campbell  Name of financial institution  5 TOTAL OF UNITEMIZED					
4 CREDIT CARD ISSUER		ncial institution n Express	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$6.39	(b) Date of Charge 02/01/2025	(c) Date(s) 03/03/20	Credit Card Issuei 25	Paid		
7 PAYEE	(a) Payee name  Target		(b) Payee 5188 Kyl Kyle, TX	e Ctr Dr	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Descrip				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
TAIMENT	\$18.37	04/14/2025	(c) Date(s)	Cicuit Card 133uci	T did		
PAYEE	(a) Payee name  Target			uth Interstate 35 S	City, Ste G	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Descrip	X 78748-1753 otion Office Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$64.94	(b) Date of Charge 04/16/2025	(c) Date(s)	Credit Card Issue	Paid		
PAYEE	(a) Payee name  Target.com			address; 6Th St Ste Cc1 olis, MN 55402-3	City, 700	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Ren	tal Expense	(b) Descrip Capitol C	office Supplies			
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:			3 Filer ID (Ethio	cs Commiss	sion Filers)				
Sch: 63/137 Rpt:	Friends of Donna C	Friends of Donna Campbell 000			00068678				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED TURES D TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged \$37.95	(b) Date of Charge 01/23/2025	(c) Date(s) C 03/03/2025	credit Card Issuer 5	Paid				
7 PAYEE	(a) Payee name Tax1099.com			Idress; St Suite 250 e, AR 72701	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  Non-Political  (c) Check if travel outside of Texas. Complete Schedule T.			(b) Description Campaign	on					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held				
PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 04/11/2025	(c) Date(s) C	Credit Card Issuer	Paid				
PAYEE	(a) Payee name  Texas Chili Parlor		(b) Payee ac 1409 Lava Austin, TX		City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description	on					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 04/05/2025	(c) Date(s) C 04/28/2025	Credit Card Issuer 5	Paid				
PAYEE	(a) Payee name  Texas History Muse	eum	(b) Payee address; 1800 Congress Ave Austin, TX 78701-1342		City,	State,	Zip Code		
EXPENDITURE  (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee			(b) Description	n -					
Non-Political  Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	e sought	Check if Austin, TX,	officeholder living exp	ense			

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Onicerolden/Folitica	· ·	ruction Guide explains how	to complete t		THEN (effici à calegor)	y not listed a	bove)
1 Total pages Schedule F4:	2 FILER NAME						sion Filers)
Sch: 64/137 Rpt:	Friends of Donna C	ER NAME ends of Donna Campbell					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid		
	\$40.00	03/19/2025	04/28/202	25			
7 PAYEE	(a) Payee name The 100 Club			heit Rd Suite	City,	State,	Zip Code
	( ) -			idge, TX 78130			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
l <u> </u>	Contributions/Donation	ns Made By	Contributi	on			
X Political	Candidate/Officehold		<u> </u>	_			
Non-Political	(1)	of Texas. Complete Schedule T.	o cought	Check if Austin, TX,	Office held	ense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office			e sought		Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Data(s)	Credit Card Issue	r Daid		
FAIMENT	\$5.41	03/19/2025	04/28/202		r alu		
PAYEE	(a) Payee name	L	(b) Payee a	address;	City,	State,	Zip Code
	The Capitol Grill		1400 Con	gress Ave			
			Austin, T	< 78701-1932			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip Capitol St	tion aff Meeting			
X Political	μ						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[	Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$33.58	(b) Date of Charge 02/27/2025	(c) Date(s) 04/02/202	Credit Card Issuei 25	r Paid		
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	The Capitol Grill		1400 Con	gress Ave			
			Austin, T	〈 78701-1932			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Capitol St	aff Meeting			
X Political							
Non-Political	of Texas. Complete Schedule T.	]	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME 3					cs Commiss	sion Filers)
Sch: 65/137 Rpt:	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 03/03/2025	(c) Date(s) 04/02/20	) Credit Card Issue 125	r Paid		
7 PAYEE	(a) Payee name  The Chamber			nertz Pkwy	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Descri	TX 78154			
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Campaig				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH		L (1) = 1 ( 1)	1 ( ) = . ( )				
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 02/04/2025	03/03/20	) Credit Card Issue 125	r Paid		
PAYEE (a) Payee name (b) Payee address;		address;	City,	State,	Zip Code		
	The Chamber		1730 Sch	nertz Pkwy			
			Schertz,	TX 78154			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought		Office held		
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 04/04/2025	(c) Date(s) 04/28/20	) Credit Card Issue 125	r Paid		
PAYEE	(a) Payee name  The Chamber			address; nertz Pkwy TX 78154	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Campaig				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 66/137 Rpt:	Friends of Donna C	ampbell		00068678			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	<b> \$</b>			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$25.00	05/29/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	The Chamber		1730 Schertz Pkwy				
			Schertz, TX 78154				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Office Overhead/Rent		Campaign Dues				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH			-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$25.00	06/30/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	The Chamber		1730 Schertz Pkwy				
			Schertz, TX 78154				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Dues				
X Political	Office Overficad/rem	tai Experise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$35.00	04/22/2025					
PAYEE	(a) Payee name	I	(b) Payee address;	City, State, Zip Code			
			1730 Schertz Pkwy				
	The Chamber						
			Schertz, TX 78154				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Campaign Dues				
X Political	Jinec Overneau/Nein	ш Елропос					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form	n.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 67/137 Rpt:	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	ES	\$		
6 PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 01/15/2025	(c) Date(s) Credit 03/03/2025	Card Issuer	r Paid		
7 PAYEE	(a) Payee name  The Chamber		(b) Payee address 1730 Schertz P Schertz, TX 783	kwy	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign Dues				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought			Office held				
PAYMENT	(a) Amount Charged \$331.63	(b) Date of Charge 06/27/2025	(c) Date(s) Credit	Card Issuer	r Paid		
PAYEE	(a) Payee name  The Stephen F Aus	(b) Payee address; 701 North Congress Ave  Austin, TX 78701-3216		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Lo				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$6.80	(b) Date of Charge 02/22/2025	(c) Date(s) Credit 04/02/2025	Card Issuer	r Paid		
PAYEE	(a) Payee name  The UPS Store		(b) Payee address 3805 Lariat Wa New Braunfels,	у	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Description Campaign Shipping				
Non-Political					officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 68/137 Rpt:	Friends of Donna C	Campbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$16.11	03/31/2025	04/28/202	5			
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	The UPS Store		3805 Laria	·			
	( ) 0 :			nfels, TX 78132			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
X Political	Office Overhead/Rent		Campaign	Shipping			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$16.11	05/06/2025					
PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code	
	The UPS Store		3805 Laria	t Way			
			New Braur	nfels, TX 78132			
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Campaign	Shipping			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		7 Check if Austin. TX.	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	· Paid		
	\$16.11	05/21/2025					
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
	TI 1100 01		3805 Laria	t Way			
	The UPS Store						
			New Braur	nfels, TX 78132			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Descripti				
EXPENDITURE	Office Overhead/Rent		Campaign	Shipping			
X Political							
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete ti	his form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)
	Sch: 69/137 Rpt:	Friends of Donna C	ampbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$38.75	(b) Date of Charge 02/01/2025		Credit Card Issuer 25	I · Paid		
7	PAYEE	(a) Payee name  The Wash Tub		(b) Payee a		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Description Vehicle Washing For Parade				
	Non-Political	· · · —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	·					Office held		
е	xpenditure to benefit C/OH	(-) A	(h) D-tt Oh	(-) D-+-(-)	Out dit Out de la cour	. D - : -!		
	PAYMENT	(a) Amount Charged \$59.39	(b) Date of Charge 04/23/2025	(c) Date(s)	Credit Card Issuer	Paid		
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		Tiff's Treats			orth Capital Of T	x 110		
L				Austin, T				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip Capitol St	aff Meeting			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$140.99	(b) Date of Charge 05/31/2025	(c) Date(s)	Credit Card Issuer	Paid		
	PAYEE	(a) Payee name Tiff's Treats		(b) Payee a 8310 1 No Austin, T	orth Capital Of T	City, x 110	State,	Zip Code
Г	PURPOSE OF	(a) Category		(b) Descrip	tion			
	EXPENDITURE	(See Categories listed at the top		Capitol St	aff Meeting			
	X Political	Food/Beverage Expense						
	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 Office	e sought		Office held		
е	xpenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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

	The Instr	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)	
Sch: 70/137 Rpt:	Friends of Donna C	ampbell		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			
	\$132.12	01/16/2025	03/03/2025				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	TLF Freytags		2211 West Anderson I	Ln			
	() 2		Austin, TX 78757				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	. 0:4-			
X Political	Gift/Awards/Memorial		Campaign Constituent	I GITIS			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	kpense		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought			Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$65.00	(b) Date of Charge 04/02/2025	(c) Date(s) Credit Card Is 04/28/2025	suer Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Trinity University Co	onference	1 Trinity PI 429				
			San Antonio, TX 7821	2			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Campaign Staff Parking				
X Political	Transportation Equipr Expense	ment And Related	- company common comm	-9			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	kpense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
TAIMENT	\$55.24	04/08/2025	(c) Bate(s) ordan dara is	Suci i did			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	True Food Kitchen		Suite Hr100 222 West	Avenue			
			Austin, TX 78701				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Capitol Staff Meeting				
X Political	Food/Beverage Exper	nse					
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austi				kpense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Officeriolder/Folitica	· ·	ruction Guide explains how	to complete this form.	OTTEN (enter a catego	ory flot listed a	bove)			
1	Total pages Schedule F4:		<u> </u>	·	3 Filer ID (Eth	ics Commis	sion Filers)			
	Sch: 71/137 Rpt:	Friends of Donna C	Campbell		00068678		,			
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRI CARD	ZED <b>\$</b>					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid					
		\$2.00	06/02/2025							
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		Uber Eats		1455 Market St -						
L				San Francisco, CA 94	4103					
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description						
	EXPENDITURE	Food/Beverage Expe	•	Capitol Staff Meeting						
	X Political	μ.								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	TX, officeholder living expense				
9	·				Office held					
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid					
		\$30.58	06/02/2025							
Г	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
		Uber Eats		1455 Market St -						
l				San Francisco, CA 94	4103					
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Capitol Staff Meeting						
	X Political	T ood/Beverage Expe	1100							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	pense				
	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 I	ssuer Paid					
		\$168.59	06/02/2025							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
l		Uber Eats		1455 Market St -						
		Obel Eats								
┡	DUDDOOT 05	(a) Cataman		San Francisco, CA 94	4103					
1	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Capitol Staff Meeting						
		Food/Beverage Expe	•	Capitor Stair Weeting						
	X Political									
dash	Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Candidate/Officeholder name Office sought Office held								
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	Office held							
l										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete th	nis form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 72/137 Rpt:	Friends of Donna C	ampbell			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	Paid		
		\$1.19	03/17/2025	04/28/202	5			
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		USPS		555 Rebel				
				Kyle, TX 7				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
	X Political	Office Overhead/Rent		Campaign	Snipping			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$4.49	(b) Date of Charge 03/20/2025	(c) Date(s) ( 04/28/202	Credit Card Issuer 5	Paid		
	PAYEE	(a) Dayoo nama		(b) Dayoo a	ddrocc:	City	State,	Zip Code
	TAILL	(a) Payee name	name (b) Payee address; 3713 Charlotte Ave		City,	State,	Zip Code	
		Valet Tips						
		( ) 2 :		Nashville,				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description  Campaign Staff Parking				
	X Political	Transportation Equipr Expense		Campaign	Stall Farking			
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$4.49	(b) Date of Charge 03/20/2025	(c) Date(s) ( 04/28/202	Credit Card Issuer !5	Paid		
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Valet Tips		3713 Cha	rlotte Ave			
				Nashville,	TN 37209			
	PURPOSE OF	(a) Category		(b) Descript	ion			
	EXPENDITURE	(See Categories listed at the top  Transportation Equipr	,	Campaign	Staff Parking			
	X Political	Expense	nont / tha related					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
$\vdash$								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	Commiss	ion Filers)
Sch: 73/137 Rpt:	Friends of Donna C	ampbell		00068678		
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 Issuer	Paid		
	\$100.09	05/25/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Velvet Taco		522 Congress Ave Ste 10	0		
			Austin, TX 78701			
8 PURPOSE OF	(a) Category	60: 1.11	(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	·	Capitol Staff Meeting			
X Political	al l					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	е	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	\$2.59	06/30/2025				
PAYEE (a) Payee name (b) Payee a			(b) Payee address;	City,	State,	Zip Code
	Walgreens		5781 Kyle Pkwy			
			Kyle, TX 78640			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE    X   Political	(See Categories listed at the top Office Overhead/Rent		Campaign Photography P	rinting		
Non-Political	(a) Charleithean all autaids	of Tours - Committee College de la T	Observation TV	ett - l l d - a li da a como - a -	_	
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expense	е	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	maric Office	c sought	Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	· Paid		
	\$3.24	02/22/2025	04/02/2025	T did		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			5781 Kyle Pkwy			
	Walgreens					
			Kyle, TX 78640			
PURPOSE OF	(a) Category	of this cohod: 1-1	(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		District Office Supplies			
X Political						
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				е	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)		
	Sch: 74/137 Rpt:	Friends of Donna C	ampbell		00068678			
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED	1.			
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDIT CARD	<b> \$</b>			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$4.50	03/22/2025	04/28/2025				
7	PAYEE	(a) Payee name	l	(b) Payee address;	City, State,	Zip Code		
		Walgreens		6812 North Lamar Blvd				
				Austin, TX 78752				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
	X Political	Office Overhead/Reni		Capitol Office Supplies				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9	Complete ONLY if direct							
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer 04/28/2025					
		\$8.65	03/15/2025	04/28/2025				
	PAYEE	(a) Payee name	•	(b) Payee address;	City, State,	Zip Code		
		Walgreens		5781 Kyle Pkwy				
				Kyle, TX 78640				
	PURPOSE OF	(a) Category	-f.4b-i	(b) Description				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		District Office Supplies				
	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 Issuel 04/28/2025	r Paid			
		\$21.16	03/15/2025	04/20/2023				
	PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
		Walgroops		5781 Kyle Pkwy				
		Walgreens		1/ 1/ TV 70040				
┝	PURPOSE OF	(a) Category		Kyle, TX 78640 (b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	District Office Supplies				
	X Political	Office Overhead/Ren	tal Expense					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expense			
$\vdash$	Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	e sought	Office held			
е	xpenditure to benefit C/OH			•				

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 75/137 Rpt:	Friends of Donna C	Campbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
		\$16.14	06/02/2025					
7	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
		Walmart		5015 I-35 S	South			
L				Austin, TX 78744				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
		Office Overhead/Rent		Capitol Off	ice Supplies			
	X Political							
L	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH	( ) 4 ( ) 4	[ (1) D ( ) (1)	1,,5,,,,	2 12 0 11	D ::1		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	04/02/202	Credit Card Issuer 5	Pala		
		\$170.28	03/01/2025					
H	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
				1209 Inters	state 35			
				New Braur	nfels, TX 78130			
r	PURPOSE OF	(a) Category		(b) Descripti				
	EXPENDITURE	(See Categories listed at the top		District Off	ice Supplies			
	X Political	Office Overhead/Rent	iai Experise					
	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 Office	e sought		Office held		
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
		\$17.94	06/17/2025					
一	PAYEE	(a) Payee name	I	(b) Payee ac	ddress;	City,	State,	Zip Code
				18210 lh 3	5 North			
		Willie's Grill						
				Schertz, T	X 78154			
	PURPOSE OF	(a) Category	of this schodule)	(b) Descripti				
	EXPENDITURE (See Categories listed at the top of this schedule)  Food/Beverage Expense			Campaign Constituent Meeting				
	X Political	1 dod/Beverage Expense						
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.				officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this fo	orm.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 76/137 Rpt:	Friends of Donna C	Campbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF L EXPENDITU CHARGED 1 CARD		\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	dit Card Issuer	Paid		
	\$395.00	06/29/2025					
7 PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code
	X.com		Suite 900 135	55 Market St			
			San Francisco	o, CA 94103			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	boorintion			
X Political	Office Overhead/Ren		Campaign Su	oscription			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		heck if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	Office sought				
expenditure to benefit C/OH			-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	dit Card Issuer	Paid		
	\$16.11	06/21/2025					
PAYEE	PAYEE (a) Payee name (b) Payee address;			ess;	City,	State,	Zip Code
	The UPS Store		3805 Lariat W	/ay			
			New Braunfel	s, TX 78132			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE    X   Political	(See Categories listed at the top Office Overhead/Rent		Campaign Sh	ipping			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Пс	heck if Austin, TX.	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	dit Card Issuer	Paid		
	\$40.37	03/04/2025	04/02/2025				
PAYEE	(a) Payee name	l	(b) Payee addre	ess;	City,	State,	Zip Code
			107 West 6Th	n St	•		·
	360 Valet						
			Austin, TX 78	701			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Transportation Equipment   Transportation   Tran	•	Campaign Sta	aff Parking			
X Political	Expense	Heni And Related					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u></u> с	heck if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)	
Sch: 77/137 Rpt:	Friends of Donna C	Campbell		00068678			
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	r Paid			
	\$12.83	03/11/2025	04/28/2025				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Aloft		109 East 7Th St				
			Austin, TX 78701				
8 PURPOSE OF	(a) Category (See Categories listed at the top	-fabir b - dulo)	(b) Description				
EXPENDITURE  X Political	Travel Out of District	or this scriedule)	Campaign Staff Lodging				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expens	se		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$20.32	02/05/2025	03/03/2025				
PAYEE	PAYEE (a) Payee name (b) Payee address;		(b) Payee address;	City,	State,	Zip Code	
	Aloft		109 East 7Th St				
			Austin, TX 78701				
PURPOSE OF	(a) Category	of this cohodule)	(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this scriedule)	Campaign Staff Lodging				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expens	se		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$24.65	04/16/2025					
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code	
			109 East 7Th St				
	Aloft						
			Austin, TX 78701				
PURPOSE OF	(a) Category	of this schodule)	(b) Description				
EXPENDITURE	(See Categories listed at the top  Travel Out of District	of this schedule)	Campaign Staff Lodging				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
	-						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

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

	The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)				
	Sch: 78/137 Rpt:	Friends of Donna C	ampbell			00068678						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$						
6	PAYMENT	(a) Amount Charged \$37.00	(b) Date of Charge 03/05/2025	04/02/20		r Paid						
7	PAYEE	(a) Payee name  Aloft		(b) Payee 109 East Austin, T	7Th St	City,	State,	Zip Code				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip								
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held						
	PAYMENT	(a) Amount Charged \$166.14	(b) Date of Charge 04/16/2025		) Credit Card Issuer	r Paid						
	PAYEE	(a) Payee name  Aloft		(b) Payee 109 East Austin, T	7Th St	City,	State,	Zip Code				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip								
_	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense					
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
	PAYMENT	(a) Amount Charged \$211.53	(b) Date of Charge 02/05/2025	(c) Date(s) 03/03/20	) Credit Card Issuei 25	r Paid						
	PAYEE	(a) Payee name Aloft		(b) Payee 109 East Austin, T	7Th St	City,	State,	Zip Code				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip Campaig	otion In Staff Lodging							
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense					
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Con	nmission Filers)						
Sch: 79/137 Rpt:	Friends of Donna C	Campbell		00068678							
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							
	\$5.38	03/09/2025	04/28/2025								
7 PAYEE	(a) Payee name		(b) Payee address;	City, Sta	ate, Zip Code						
	Amazon		410 Terry Ave N								
			Seattle, WA 98109								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description								
X Political	Office Overhead/Rent		Capitol Office Supplies								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense							
9 Complete ONLY if direct   Candidate/Officeholder name   Office sought			e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$8.62	(b) Date of Charge 03/06/2025	(c) Date(s) Credit Card Issue 04/02/2025	er Paid							
PAYEE	(a) Payee name		(b) Payee address;	City, Sta	ate, Zip Code						
	Amazon		410 Terry Ave N								
			Seattle, WA 98109								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Capitol Office Supplies								
X Political	Office Overhead/Rent	iai Expense									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense								
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH		1	T								
PAYMENT	(a) Amount Charged \$12.64	(b) Date of Charge 04/10/2025	(c) Date(s) Credit Card Issue	er Paid							
PAYEE	(a) Payee name		(b) Payee address;	City, Sta	ate, Zip Code						
=	(a) r ayee name		410 Terry Ave N	City, Sta	ic, Zip Code						
	Amazon		410 Telly / We IV								
			Seattle, WA 98109								
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	Capitol Office Supplies								
X Political	Office Overflead/Nerii	тат ширепве									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

l	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)			
l	Sch: 80/137 Rpt:	Friends of Donna C	Campbell			00068678					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged \$13.69	(b) Date of Charge 03/19/2025	(c) Date(s) 0 04/28/202	Credit Card Issuer 5	Paid					
7	PAYEE	(a) Payee name  Amazon		(b) Payee at	Ave N	City,	State,	Zip Code			
Ļ	DUDDOOF OF	(a) Category		Seattle, W.							
8	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Reni		(b) Descripti Capitol Off	ice Supplies						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
9				e sought		Office held					
E	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$13.85	(b) Date of Charge 03/11/2025	(c) Date(s) 0 04/28/2029	Credit Card Issuer 5	<sup>•</sup> Paid					
Г	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code			
		Amazon		410 Terry	Ave N						
L				Seattle, W.							
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti Capitol Off	on ïce Supplies						
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		7 Check if Austin TX	officeholder living exp	ense				
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Oneok ii 7 kasairi, 174,	Office held					
6	expenditure to benefit C/OH			g							
	PAYMENT	(a) Amount Charged \$14.44	(b) Date of Charge 04/08/2025	(c) Date(s) 0 04/28/2029	Credit Card Issuer 5	Paid					
T	PAYEE	(a) Payee name	<u> </u>	(b) Payee ad	ddress;	City,	State,	Zip Code			
		Amazon		410 Terry	Ave N						
				Seattle, W	A 98109						
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Descripti Capitol Off	on ïce Supplies						
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
e	Complete ONLY if direct expenditure to benefit C/OH	name Office	e sought		Office held						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	nis form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 81/137 Rpt:	Friends of Donna C	ampbell			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	Paid		
		\$15.36	05/08/2025					
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Amazon		410 Terry				
Ļ		(a) Oatawari		Seattle, W				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
	X Political	Office Overhead/Rent		Capitor Or	fice Supplies			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct				Office held			
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	. ,	Credit Card Issuer	Paid		
		\$17.28	02/25/2025	04/02/202	.5			
	PAYEE (a) Payee name (b) Paye			(b) Payee a	ddress;	City,	State,	Zip Code
		Amazon		410 Terry	Ave N			
				Seattle, W	/A 98109			
	PURPOSE OF	(a) Category	of this cohodule)	(b) Descript				
	X Political	(See Categories listed at the top Office Overhead/Rent		Capitol Office Supplies				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$17.84	(b) Date of Charge 03/05/2025	(c) Date(s) 04/02/202	Credit Card Issuer 5	Paid		
H	PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code
				410 Terry	Ave N			
		Amazon						
				Seattle, W	'A 98109			
	PURPOSE OF	(a) Category		(b) Descript				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Capitol Of	fice Supplies			
	X Political							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4	: 2 FILER NAME			3 Filer ID (Ethi	cs Commis	sion Filers)					
Sch: 82/137 Rpt:	Friends of Donna C	Campbell		00068678							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6 PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 04/08/2025	(c) Date(s) Credit Card Issue 06/03/2025	er Paid							
7 PAYEE	(a) Payee name Amazon		(b) Payee address; 410 Terry Ave N	City,	State,	Zip Code					
8 PURPOSE OF	(a) Category		Seattle, WA 98109 (b) Description								
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Ren		Capitol Office Supplies								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense						
9 Complete ONLY if direct				Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$20.55	(b) Date of Charge 04/17/2025	(c) Date(s) Credit Card Issue	er Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Amazon		410 Terry Ave N								
			Seattle, WA 98109								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Capitol Office Supplies								
X Political											
Non-Political	1 · · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		, officeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OF			e sought	Office held							
PAYMENT	(a) Amount Charged \$20.56	(b) Date of Charge 03/18/2025	(c) Date(s) Credit Card Issue 04/28/2025	er Paid							
PAYEE	PAYEE (a) Payee name  Amazon		(b) Payee address; 410 Terry Ave N Seattle, WA 98109	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Ren	· · · · · · · · · · · · · · · · · · ·	(b) Description Capitol Office Supplies								
Non-Political	Check if Austin, TX,	, officeholder living exp	ense								
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder	name Office	e sought	Office held							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)					
Sch: 83/137 Rpt:	Friends of Donna C	ampbell		00068678							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6 PAYMENT	(a) Amount Charged \$21.08	(b) Date of Charge 03/15/2025	(c) Date(s) Credit Card Issuer 04/28/2025	Paid							
7 PAYEE	(a) Payee name Amazon		(b) Payee address; 410 Terry Ave N	City,	State,	Zip Code					
0. DUDDOOF OF	(a) Catagony		Seattle, WA 98109								
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Capitol Office Supplies								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$21.90	(b) Date of Charge 03/08/2025	(c) Date(s) Credit Card Issuer 04/28/2025	· Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Amazon		410 Terry Ave N								
			Seattle, WA 98109								
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Capitol Office Supplies								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chook if Auctin TV	officeholder living expe	0000						
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held	ense						
expenditure to benefit C/OH	Carlaidato, Cinconcidor	That is a second of the second	o oodgiit	Omoo noid							
PAYMENT	(a) Amount Charged \$29.10	(b) Date of Charge 02/10/2025	(c) Date(s) Credit Card Issuer 04/02/2025	Paid							
PAYEE (a) Payee name  Amazon		(b) Payee address; 410 Terry Ave N Seattle, WA 98109	City,	State,	Zip Code						
PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)		
	Sch: 84/137 Rpt:	Friends of Donna C	ampbell			00068678				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid				
		\$30.81	02/10/2025	04/02/202	5					
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		Amazon		410 Terry	Ave N					
				Seattle, W	A 98109					
8	PURPOSE OF	(a) Category		(b) Descripti	ion					
	EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Capitol Off	fice Supplies					
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, off			officeholder living expe	ense				
9	Complete ONLY if direct Candidate/Officeholder name Office sought				Office held					
ex	penditure to benefit C/OH									
	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer			Paid						
		\$31.14	03/19/2025	04/28/202	5					
	PAYEE (a) Payee name (b) Payee address;		ddress;	City,	State,	Zip Code				
		Amazon		410 Terry	Ave N					
				Seattle, W	A 98109					
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Capitol Office Supplies						
	x Political		<u>-</u> ,,poee							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense						
	Complete ONLY if direct	Candidate/Officeholder	name Office	ffice sought Office held						
ex	kpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid				
		\$32.37	04/14/2025							
Г	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
				410 Terry	Ave N					
		Amazon								
				Seattle, W						
	PURPOSE OF (a) Category			(b) Descripti						
	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			Capitol Off	fice Supplies					
X Political Sterned Territoria Expense										
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Che			Check if Austin, TX,	officeholder living expe	ense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
ex	kpenditure to benefit C/OH									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)			
Sch: 85/137 Rpt:	Friends of Donna C	Campbell			00068678					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	Paid					
	\$32.46	04/16/2025								
7 PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code			
	Amazon		410 Terry A	Ave N						
			Seattle, WA 98109							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description							
X Political	Office Overhead/Rent		Capitol Off	ice Supplies						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
			e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid					
	\$33.53	04/17/2025								
PAYEE	(a) Payee name	•	(b) Payee ac	ldress;	City,	State,	Zip Code			
	Amazon		410 Terry A	Ave N						
			Seattle, W	A 98109						
PURPOSE OF	(a) Category	of their coloradide)	(b) Description							
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Capitol Off	ice Supplies						
X Political		, , , , , , , , , , , , , , , , , , ,								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid					
	\$33.96	03/07/2025	04/02/2025	0						
PAYEE	(a) Payee name	I .	(b) Payee ac	ldress;	City,	State,	Zip Code			
			410 Terry	Ave N						
	Amazon									
			Seattle, W	A 98109						
PURPOSE OF				on						
EXPENDITURE 	(See Categories listed at the top Office Overhead/Rent		Capitol Off	ice Supplies						
X Political		is so so								
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 Offic	e sought		Office held					
expenditure to benefit C/OH	<u> </u>									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 86/137 Rpt:	Friends of Donna C	Campbell			00068678				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
	\$37.86	04/17/2025							
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Amazon		410 Terry	Ave N					
			Seattle, WA 98109						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Capitol Office Supplies						
X Political	Office Overhead/Rent		Сарітої Оп	ice Supplies					
Non-Political	(c) Check if travel outside	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, off		officeholder living exp	ense				
9 Complete ONLY if direct	·				Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid				
	\$38.84	03/20/2025	04/28/202	5					
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code		
	Amazon		410 Terry	Ave N					
			Seattle, W	A 98109					
PURPOSE OF	(a) Category	of their coloradials)	(b) Descripti						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Capitol Off	ice Supplies					
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid				
	\$38.92	01/14/2025	03/03/202	5					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
			410 Terry	Ave N					
	Amazon								
			Seattle, W	A 98109					
PURPOSE OF	(a) Category	(4)	(b) Descripti						
<u></u>	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			ice Supplies					
X Political Since Sverificative final Expense									
Non-Political	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 Offic	e sought		Office held				
expenditure to benefit C/OH	]								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics	Commiss	sion Filers)						
Sch: 87/137 Rpt:	Friends of Donna C	Campbell		00068678							
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	r Paid							
	\$38.94	04/11/2025									
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code					
	Amazon		410 Terry Ave N								
			Seattle, WA 98109								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description								
X Political	Office Overhead/Rent		Capitol Office Supplies								
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 sought			Office held								
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$38.96	04/17/2025									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Amazon		410 Terry Ave N								
			Seattle, WA 98109								
PURPOSE OF	(a) Category	(d: 1.11)	(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 Schedule T.	T. Check if Austin, TX, officeholder living expense								
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$43.36	03/05/2025	04/02/2025								
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code					
			410 Terry Ave N								
	Amazon										
			Seattle, WA 98109								
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Capitol Office Supplies								
X Political	S.1100 S.10111044/1(CIII										
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 Offic	e sought	Office held	_						
expenditure to benefit C/OH	<u></u>										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)				
Sch: 88/137 Rpt:	Friends of Donna C	Campbell			00068678						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid						
	\$48.69	04/24/2025									
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code				
	Amazon		410 Terry								
	(-) 0-1		Seattle, WA 98109								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	tion ffice Supplies							
X Political	Office Overhead/Ren	tal Expense	Capitor O	писе Эцррпез							
Non-Political	`	of Texas. Complete Schedule T.	j	Check if Austin, TX,	officeholder living exp	ense					
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					Office held						
PAYMENT				Credit Card Issuer	Paid						
	\$51.94	03/06/2025	04/02/202	25							
PAYEE	PAYEE (a) Payee name			address;	City,	State,	Zip Code				
	Amazon		410 Terry	Ave N							
			Seattle, V								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Capitol Office Supplies								
X Political	Since Overnead/rem	tai Expense									
Non-Political		of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense								
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Office	e sought		Office held						
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid						
	\$54.60	02/28/2025	04/02/202	25							
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	address;	City,	State,	Zip Code				
	A		410 Terry	Ave N							
	Amazon										
			Seattle, V								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip								
l <u> </u>	Office Overhead/Ren		Capitol O	ffice Supplies							
X Political											
Non-Political	`	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	rname Office	e sought		Office held						
expenditure to benefit C/OH	<u>l</u>										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)			
	Sch: 89/137 Rpt:	Friends of Donna C	Campbell			00068678					
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged \$55.50	(b) Date of Charge 02/09/2025	(c) Date(s) C 04/02/2025	redit Card Issuer	Paid					
7	PAYEE	(a) Payee name  Amazon		(b) Payee ad 410 Terry A	Ave N	City,	State,	Zip Code			
Ļ		( ) 0 :		Seattle, WA							
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Capitol Offi	ce Supplies						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
9	<u> </u>			e sought		Office held					
€	PAYMENT (a) Amount Charged (b) Date of Charge										
Г	PAYMENT	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid						
		\$59.86	04/19/2025								
Г	PAYEE (a) Payee name			(b) Payee ad	ldress;	City,	State,	Zip Code			
		Amazon		410 Terry A	Ave N						
				Seattle, WA	A 98109						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Capitol Offi	on ce Supplies						
	X Political	omos o vorrioda, resis	tai Experies								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$104.43	(b) Date of Charge 04/17/2025	(c) Date(s) C	redit Card Issuer	Paid					
Г	PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code			
		Amazon		410 Terry A	Ave N						
1				Seattle, WA	A 98109						
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description							
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	-	Office held					

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Canadate/Onicendiae// Onitica	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)					
Sch: 90/137 Rpt:	Friends of Donna C	ampbell		00068678						
4 CREDIT CARD ISSUER	Name of finar	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 Issuer	Paid						
	\$219.90	04/27/2025								
7 PAYEE	(a) Payee name Amazon		(b) Payee address; 410 Terry Ave N	City, State, Zip	p Code					
8 PURPOSE OF	(a) Category		Seattle, WA 98109 (b) Description							
EXPENDITURE  X Political	(See Categories listed at the top of Office Overhead/Rent		Capitol Office Supplies							
Non-Political	(1)	of Texas. Complete Schedule T.		officeholder living expense						
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
PAYMENT	(a) Amount Charged \$350.00	(b) Date of Charge 01/09/2025	(c) Date(s) Credit Card Issuer 02/03/2025	· Paid						
PAYEE	(a) Payee name  American Express		(b) Payee address; PO Box 650448	City, State, Zip	p Code					
			Dallas, TX 75265							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE  X Political	(See Categories listed at the top of Office Overhead/Rent		Campaign Membership Fees							
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held						
PAYMENT	(a) Amount Charged \$128.75	(b) Date of Charge 02/01/2025	(c) Date(s) Credit Card Issuer 03/03/2025	Paid						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip	p Code					
	At Home		642 South Walnut Ave							
	() 0 :		New Braunfels, TX 78130							
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top of Office Overhead/Rent		(b) Description District Office Supplies							
Non-Political	(a) Descriptions of such side.	of Towns Committee Coloratella T	Observative TV	etC - In a laboration in the contract of the c						
	(c) Check if travel outside of Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expense Office held						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Oniceriolder	Thanke Office	ş 30ugnı	Office Held						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
	Sch: 91/137 Rpt:	Friends of Donna C	Campbell			00068678				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
		\$115.24	06/12/2025							
7	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code		
		AT&T		208 South	Akard St Fl 10					
				Dallas, TX	75202-4208					
8	PURPOSE OF	(a) Category	<b>7.11.</b>	(b) Descripti						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Officeholde	er Cell Phone					
	X Political	omos o vorrioda, resis	Lat Experies							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9				e sought		Office held				
е	expenditure to benefit C/OH			_						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
		\$375.51	05/12/2025							
H	PAYEE (a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code			
		AT&T		208 South	Akard St Fl 10					
				Dallas, TX	75202-4208					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Descripti Officeholde	on er Cell Phone					
	X Political	Office Overhead/Ren	tal Expense							
	Non-Political	· · · —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH			•						
	PAYMENT	(a) Amount Charged \$612.53	(b) Date of Charge 03/24/2025	(c) Date(s) C 04/28/2029	Credit Card Issuer 5	Paid				
T	PAYEE	(a) Payee name	<u> </u>	(b) Payee ad	ddress;	City,	State,	Zip Code		
				Room 124	3 211 S Akard					
		AT&T								
L				Dallas, TX						
	PURPOSE OF	(a) Category	of this schodule)	(b) Descripti						
	EXPENDITURE  X Political	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Officeholde	er Cell Phone					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
H	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held				
e	expenditure to benefit C/OH									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
	Sch: 92/137 Rpt:	Friends of Donna C	ampbell			00068678				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$135.31	(b) Date of Charge 02/13/2025	(c) Date(s) 04/02/20	Credit Card Issue 25	r Paid				
7	PAYEE	(a) Payee name  Ben White Florist		(b) Payee 3200 Sou Austin, T	ith Congress Ave	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Campaign Constituent Gifts						
	Non-Political	· · -	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	9 Complete ONLY if direct Candidate/Officeholder name Office s expenditure to benefit C/OH					Office held				
	PAYMENT	(a) Amount Charged \$34.63	(b) Date of Charge 01/04/2025	(c) Date(s) 02/03/20	Credit Card Issue 25	r Paid				
	PAYEE	(a) Payee name (b) Payee address 7075 Flying Clo		ng Cloud Dr	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	irirp, MN 55344- tion ffice Supplies	3532				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$119.07	(b) Date of Charge 01/24/2025	(c) Date(s) 03/03/20	Credit Card Issue 25	r Paid				
	PAYEE	(a) Payee name  BestBuy.com			address; ng Cloud Dr irirp, MN 55344-	City, 3532	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description Capitol Office Supplies						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	e T. Check if Austin, TX, officeholder living expense						
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete thi	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)	
Sch: 93/137 Rpt:	Friends of Donna C	Campbell			00068678			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid			
	\$162.36	01/24/2025	03/03/202	5				
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
	BestBuy.com		7075 Flyin	g Cloud Dr				
				irp, MN 55344-	3532			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description					
EXPENDITURE  X Political	Office Overhead/Rent		Capitol Off	ice Supplies				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
			e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid			
	\$20.00	\$20.00 01/03/2025 02/03/2025						
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code	
	Bexar County Repu	ublicans	13423 Blar	nco Rd 317				
				io, TX 78216				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description  Campaign Dues					
X Political	Office Overhead/Rent		Campaign	Dues				
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 Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 04/07/2025	(c) Date(s) C 04/28/2025	Credit Card Issuer 5	r Paid			
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code	
			2255 Fireth	norn Path				
	Bulverde Spring Bra	anch						
			Spring Bra	nch, TX 78070				
PURPOSE OF			(b) Descripti					
EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			Campaign	Dues				
X Political								
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.							
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH	expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense T
Salaries/Wages/Contract Labor O

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 94/137 Rpt:	Friends of Donna C	ampbell		00068678				
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	r Paid				
	\$95.00	06/13/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Campaign Verify		4402 Reservoir Rd North	West				
8 PURPOSE OF	(a) Category		Washington, DC 20007 (b) Description					
EXPENDITURE  X Political	(See Categories listed at the top Gift/Awards/Memorial		Campaign Constituent Gifts					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH		-						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$6.77	05/28/2025						
PAYEE (a) Payee name			(b) Payee address;	City, State, Zip Code				
	Capitol Gift Shop		1400 North Congress Ave					
	( ) 0 :		Austin, TX 78701					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign Constituent Gifts					
X Political	Gift/Awards/Memorial	s Expense	Campaign Constituent On					
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				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$29.77	04/15/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Capitol Gift Shop		1400 North Congress Ave	•				
			Austin, TX 78701					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Campaign Constituent Gif	fts				
X Political								
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
,								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 95/137 Rpt:	Friends of Donna C	Campbell		00068678				
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	r Paid				
	\$41.95	02/05/2025	03/03/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Capitol Gift Shop		1400 North Congress Ave	9				
	( ) 5		Austin, TX 78701					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign Constituent Gi	fte				
X Political	Gift/Awards/Memorial	s Expense	Campaign Constituent Gr	11.5				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH	( ) 4 ( ) 4	L (1) D ( 1 (1)	1() 5 : () 6 : 11 6 : 11	D.:1				
PAYMENT	(a) Amount Charged \$22.75	(b) Date of Charge 02/01/2025	(c) Date(s) Credit Card Issue 03/03/2025	r Paid				
PAYEE	(a) Payee name	I	(b) Payee address;	City, State, Zip Code				
	Chick-Fil-A		5289 Kyle Ctr Dr					
			Kyle, TX 78640					
PURPOSE OF	(a) Category	of this sahadula)	(b) Description					
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Campaign Staff Meeting					
X Political								
Non-Political	· · · —	of Texas. Complete Schedule T.	<b>—</b>					
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 Issue	r Paid				
	\$27.30	06/18/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Chick-Fil-A		5289 Kyle Ctr Dr					
			Kyle, TX 78640					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Campaign Staff Meeting					
X Political	Food/Beverage Expe	nse	, 5					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	Office sought Office held					
expenditure to benefit C/OH								
	-							

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	sion Filers)			
	Sch: 96/137 Rpt:	Friends of Donna C	ampbell		00068678					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A CARD	<b> \$</b>					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer Paid					
		\$40.97	06/30/2025							
7	PAYEE	(a) Payee name		(b) Payee address; 462 Singing Oaks	City,	State,	Zip Code			
		Chick-Fil-A		402 Omging Oako						
				Spring Branch, TX	78070					
8	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top		Campaign Staff M	eeting					
	X Political	Food/Beverage Expe	nse							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if	Austin, TX, officeholder living e	expense				
9	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 Ca	rd Issuer Paid					
		\$79.16	05/14/2025							
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code				
	Chick-Fil-A			Suite C150 600 C	ongress Ave					
				Austin, TX 78701						
Н	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top		Capitol Staff Meeting						
	X Political	Food/Beverage Expe	nse							
	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 Ca	rd Issuer Paid					
		\$3.25	06/27/2025							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
				1111 Rio Grande						
		City of Austin Parki	ng							
				Austin, TX 78701						
	PURPOSE OF	(a) Category	-# 4bibd-d-\	(b) Description						
	EXPENDITURE (See Categories listed at the top of this schedule)  Food/Beverage Expense			Capitol Staff Meet	ing					
	X Political	I Pood/beverage Expense								
L	Non-Political	(c) Check if travel outside	Austin, TX, officeholder living	expense						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
Sch: 97/137 Rpt:	Friends of Donna C	Campbell			00068678				
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issue	r Paid				
	\$512.50	03/13/2025	04/28/2025						
7 PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code		
	Comal County Rep	ublican	265 Landa	St					
				fels, TX 78130					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
X Political	Contributions/Donatio	ns Made By	Contributio	n					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issue	r Paid				
	\$72.92	01/16/2025	03/03/2025						
PAYEE (a) Payee name		•	(b) Payee ac	ldress;	City,	State,	Zip Code		
	Crumbl		2570 West	600 North Ste	200				
			Lindon, UT						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	· · · · · · · · · · · · · · · · · · ·	(b) Description Capitol Staff Meeting						
X Political	Food/Beverage Exper	1136							
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 Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$6.05	(b) Date of Charge 02/19/2025	(c) Date(s) C 04/02/2025	credit Card Issue 5	r Paid				
PAYEE	(a) Payee name	l	(b) Payee ac	ldress;	City,	State,	Zip Code		
	0.40		14057 Bee	Cave Pkwy					
	CVS								
			Austin, TX						
PURPOSE OF EXPENDITURE	(a) Category			on					
l <u> </u>	(See Categories listed at the top of this schedule)  Office Overhead/Rental Expense			ice Supplies					
X Political									
Non-Political	(*)	(c) Check if travel outside of Texas. Complete Schedule T.			<u> </u>				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH	diture to benefit C/OH								

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
	Sch: 98/137 Rpt:	Friends of Donna C	ampbell			00068678				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$550.13	(b) Date of Charge 02/07/2025	(c) Date(s) 04/02/20	Credit Card Issuei 25	r Paid				
7	PAYEE	(a) Payee name  EZCater			address; St 5Th Floor MA 02109	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Descrip		ee Luncheon				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>I</u>	Check if Austin, TX,	officeholder living exp	ense			
	9 Complete ONLY if direct expenditure to benefit C/OH					Office held				
	PAYMENT	(a) Amount Charged \$82.16	(b) Date of Charge 03/18/2025	(c) Date(s) 04/28/20	Credit Card Issuei 25	r Paid				
	PAYEE	Favor			address; st 6Th St	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Austin, TX 78702  (b) Description  Capitol Office Supplies						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$112.80	(b) Date of Charge 02/03/2025	(c) Date(s) 03/03/20	Credit Card Issuei 25	r Paid				
	PAYEE	(a) Payee name Favor		(b) Payee address; 2416 East 6Th St Austin, TX 78702		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies						
L	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
1										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)			
Sch: 99/137 Rpt:	Friends of Donna C	ampbell			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		Credit Card Issuer	Paid					
	\$127.58	03/12/2025	04/28/202	25						
7 PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code			
	Favor		2416 Eas							
	( ) 0 :		Austin, TX							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript							
X Political	Office Overhead/Rent		Capitol Oi	fice Supplies						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
9 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) 02/03/202	Credit Card Issuer	Paid					
	\$75.76	01/07/2025	02/03/202	-5						
PAYEE (a) Payee name (b) Pay			(b) Payee a	ıddress;	City,	State,	Zip Code			
	Fedex Office		7900 Lega	acy Dr						
			Plano, TX	75024						
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descript							
EXPENDITURE  X Political	Office Overhead/Rent		Campaigr	n Shipping						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Ι Γ	Check if Austin, TX,	officeholder living expe	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<b>_</b>	Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid					
	\$15.00	05/14/2025								
PAYEE	(a) Payee name	ı	(b) Payee a	address;	City,	State,	Zip Code			
	<b>50</b>		98 San Ja	ıcinto Blvd						
	Four Seasons Hote	·I								
			Austin, TX	78701-4082						
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descript							
EXPENDITURE	Transportation Equipr		Campaigr	n Staff Parking						
X Political	Expense									
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)			
Sch: 100/137 Rpt:	Friends of Donna C	ampbell		00068678					
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					
	\$22.00	05/31/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Four Seasons Hote	I	98 San Jacinto Blvd						
			Austin, TX 78701-4082						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cahadula)	(b) Description						
l <u> </u>	Transportation Equipr	,	Campaign Staff Parking						
X Political	Expense								
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		, officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	e sought	Office held						
expenditure to benefit C/OH		T	1						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$422.48	05/14/2025							
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code				
			98 San Jacinto Blvd						
			Austin, TX 78701-4082						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE  X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Capitol Staff Meeting						
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 Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$1,224.79	05/31/2025							
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code			
	<b>50</b>		98 San Jacinto Blvd						
	Four Seasons Hote	1							
			Austin, TX 78701-4082						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodula)	(b) Description						
X Political	Transportation Equipr Expense	,	Capitol Staff Meeting						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
1	I								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commis	sion Filers)		
	Sch: 101/137 Rpt:	Friends of Donna C	Campbell			00068678				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$266.04	06/30/2025							
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code		
		GoDaddy			t Godaddy Way					
Ļ		( ) 0 :		Tempe, A						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
	X Political	Office Overhead/Ren		Campaig	n Domain Purch	ases				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense			
	Complete ONLY if direct	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 Issue	r Paid				
		\$10.71	04/21/2025							
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code		
		Happy Dragon		1671 Inte	rstate 35 South	Ste 311				
					ınfels, TX 78130	)				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Campaign Staff Meeting						
	X Political									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	` , ` ,	Credit Card Issue	r Paid				
		\$9.17	03/11/2025	04/28/20	25					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		LIED		646 Sout	n Flores St					
		HEB								
					nio, TX 78204					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Descrip						
		Office Overhead/Ren		District O	ffice Supplies					
		X Political								
L	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									
ı										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
Sch: 102/137 Rpt:	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$13.68	(b) Date of Charge 03/16/2025	(c) Date(s) 04/28/20	) Credit Card Issuer 125	Paid		
7 PAYEE	(a) Payee name HEB			th Flores St	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Descrip	onio, TX 78204 otion			
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent			Office Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held			
expenditure to benefit C/OH		1	T.,,				
PAYMENT	(a) Amount Charged \$16.32	(b) Date of Charge 02/27/2025	(c) Date(s) 04/02/20	) Credit Card Issuer 125	Paid		
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	HEB	HEB 646 South Flores St		th Flores St			
				onio, TX 78204			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description District C	otion Office Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	I.	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held		
PAYMENT	(a) Amount Charged \$17.38	(b) Date of Charge 03/12/2025	(c) Date(s) 04/28/20	) Credit Card Issuer 125	Paid		
PAYEE	(a) Payee name HEB			th Flores St	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	onio, TX 78204 otion Office Supplies			
Non-Political					officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Sch: 103/137 Rpt:	Friends of Donna C	Campbell		00068678	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged \$18.29	(b) Date of Charge 02/04/2025	(c) Date(s) Credit Card Issue 03/03/2025	r Paid	
7 PAYEE	(a) Payee name HEB		(b) Payee address; 646 South Flores St San Antonio, TX 78204	City, State, Zi	ip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description District Office Supplies		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought			Office held		
PAYMENT	(a) Amount Charged \$19.42	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issue 03/03/2025	r Paid	
PAYEE	(a) Payee name HEB		(b) Payee address; 646 South Flores St San Antonio, TX 78204	City, State, Zi	ip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description District Office Supplies		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	
PAYMENT	(a) Amount Charged \$30.92	(b) Date of Charge 03/19/2025	(c) Date(s) Credit Card Issue 04/28/2025	er Paid	
PAYEE	(a) Payee name HEB		(b) Payee address; 646 South Flores St San Antonio, TX 78204	City, State, Zi	ip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description District Office Supplies		
Non-Political	(*)	of Texas. Complete Schedule T.		, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 104/137 Rpt:	Friends of Donna C	Campbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$31.11	04/19/2025					
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	HEB		646 South				
				io, TX 78204			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
X Political	Office Overhead/Rent		DISTRICT OIL	ice Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct					Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$36.12	04/12/2025					
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	HEB		646 South Flores St				
				io, TX 78204			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti District Off	on ice Supplies			
X Political	Onice Overneau/Nem	iai Experise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$39.99	(b) Date of Charge 02/04/2025	(c) Date(s) 0 03/03/2029	Credit Card Issuer 5	· Paid		
PAYEE	(a) Payee name	ı	(b) Payee ac	ddress;	City,	State,	Zip Code
			646 South	Flores St			
	HEB						
			San Anton	io, TX 78204			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		District Off	ice Supplies			
X Political		<del></del> /					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 105/137 Rpt:	Friends of Donna C	ampbell		00068678		
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 Issuer	r Paid		
	\$42.06	06/25/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	HEB		646 South Flores St			
			San Antonio, TX 78204			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		District Office Supplies			
X Political	office Overflead/iverfl	Lai Experise				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Gomplete ONLY if direct Candidate/Officeholder name Off			e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	\$44.50	03/06/2025	04/02/2025			
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code
			646 South Flores St			
			San Antonio, TX 78204			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		District Office Supplies			
X Political	Office Overhead/Rent	.ai Experise				
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 Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	\$51.84	03/02/2025	04/02/2025			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(ay r ay a a mama		646 South Flores St		,	p
	HEB		040 000011 10103 00			
			San Antonio, TX 78204			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	<b>EXPENDITURE</b> (See Categories listed at the top of this schedule)		District Office Supplies			
X Political	Office Overhead/Rent	aı ⊨xpense				
Non-Political	(c) Check if travel outside	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Officerolder/Folitica		ruction Guide explains how	to complete this form.	OTTLK (effet a categor	y not listed a	bove)			
1	Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethi	cs Commis	sion Filers)			
	Sch: 106/137 Rpt:	Friends of Donna C	Campbell		00068678		,			
4 (	CREDIT CARD SSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid					
		\$57.81	05/21/2025							
7	PAYEE	(a) Payee name HEB		(b) Payee address; 646 South Flores St	City,	State,	Zip Code			
				San Antonio, TX 78204						
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description District Office Supplies						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	X, officeholder living expense				
9 (	•				Office held					
ex	penditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$61.88	(b) Date of Charge 04/30/2025	(c) Date(s) Credit Card Issu	uer Paid					
	PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code			
				2965 Ih 35 North						
				New Braunfels, TX 7813	30					
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description District Office Supplies						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin. T	X, officeholder living exp	ense				
	Complete ONLY if direct penditure to benefit C/OH	Candidate/Officeholder	<u>'</u>	e sought	Office held					
	PAYMENT	(a) Amount Charged \$70.81	(b) Date of Charge 05/12/2025	(c) Date(s) Credit Card Issu	uer Paid					
	PAYEE	(a) Payee name HEB		(b) Payee address; 646 South Flores St	City,	State,	Zip Code			
				San Antonio, TX 78204						
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	ense				
	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
l										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
	Sch: 107/137 Rpt:	Friends of Donna C	ampbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid		
		\$72.19	04/21/2025					
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		HEB		646 Sout	th Flores St			
				San Anto	onio, TX 78204			
8	PURPOSE OF	(a) Category		(b) Descri				
ľ	EXPENDITURE	(See Categories listed at the top		1	office Supplies			
	X Political	Office Overhead/Ren	tal Expense					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	I	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e 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		
		\$78.09	05/30/2025					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		HEB 646 South Flores St						
		I TIEB						
┡	DUDDOCE OF	(a) Catagony		(b) Descri	onio, TX 78204			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1 ' '	Office Supplies			
	X Political	Office Overhead/Ren	tal Expense	District C	omee eapplies			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chock if Austin TV	officeholder living exp	onco	
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Crieck ii Austin, 1X,	Office held	ense	
e	expenditure to benefit C/OH			<del>g</del>				
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid		
		\$80.55	04/26/2025					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		   HEB		646 Sout	th Flores St			
┡	DUDDOSE OF	(a) Catagony		(b) Descri	onio, TX 78204			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1	Office Supplies			
1	X Political	Office Overhead/Ren	tal Expense	2.50.100	Jappiioo			
	Non-Political	(c) Check if travel outside of Tours Complete Cabadula T				officeholder living over	ence	
$\vdash$	Complete ONLY if direct	· · · · · · · · · · · · · · · · · · ·	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Candidate/Officeholder name Office sought Office held					
e	expenditure to benefit C/OH		31100	9				
H		l						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 108/137 Rpt:	Friends of Donna C	ampbell		00068678		
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		
	\$88.77	01/16/2025	03/03/2025			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	HEB		646 South Flores St			
			San Antonio, TX 78204			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top)	of this schedule)	(b) Description			
X Political	Office Overhead/Rent		District Office Supplies			
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expe	ense	
			e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$91.05	04/04/2025	04/28/2025			
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code
	HEB		646 South Flores St			
			San Antonio, TX 78204			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top of Office Overhead/Rent		District Office Supplies			
X Political	Office Overfleau/Refit	ai Expense				
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX	C, officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$100.34	05/22/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			646 South Flores St	-		·
	HEB					
			San Antonio, TX 78204			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top of Office Overhead/Rent	•	Campaign Constituent G	ifts		
X Political						
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX	C, officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.	(* ** ** ******************************		,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 109/137 Rpt:	Friends of Donna C	Campbell		00068678		
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	r Paid		
	\$104.32	06/24/2025				
7 PAYEE	(a) Payee name HEB		(b) Payee address; 646 South Flores St	City,	State,	Zip Code
			San Antonio, TX 78204			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description			
EXPENDITURE	Office Overhead/Rent		District Office Supplies			
X Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$106.15	05/19/2025				
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code
	HEB		646 South Flores St			
			San Antonio, TX 78204			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		District Office Supplies			
Non-Political	(2) D 0 1 7 1 1 1 1 1	(T. 0 1 1 1 T		<i>***</i>		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onc	e sought	Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
TAIMEN	\$112.91	02/20/2025	04/02/2025	T Calc		
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code
			646 South Flores St			
	HEB					
			San Antonio, TX 78204			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		District Office Supplies			
X Political	Office Overflead/Refi	iai Experise				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held		
expenditure to benefit C/OH						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)	
	Sch: 110/137 Rpt:	Friends of Donna C	ampbell			00068678			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid			
		\$115.18	05/28/2025						
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code	
		HEB		646 Sout	th Flores St				
L					onio, TX 78204				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
	X Political	Office Overhead/Ren	*	District C	Office Supplies				
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	TX, officeholder living expense			
9 Complete ONLY if direct Candidate/Officeholder name Office sought					Office held				
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 04/28/20	) Credit Card Issue	r Paid			
		\$141.40	03/25/2025	04/26/20	123				
	PAYEE	YEE (a) Payee name (b) Payee address;		address;	City,	State,	Zip Code		
		HEB 646 South Flores St							
				San Anto	onio, TX 78204				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip					
	EXPENDITURE  X Political	Office Overhead/Reni		District C	Office Supplies				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense		
	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 Issue	r Paid			
		\$145.98	06/24/2025						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		LIED		646 Sout	th Flores St				
		HEB							
					onio, TX 78204				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
1		Office Overhead/Ren	,	DISTRICT	Office Supplies				
	X Political	<u> </u>							
lacksquare	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officehold					ense		
<b> </b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
F	Aponditure to benefit C/OH								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete t	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
Sch: 111/137 Rpt:	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$164.43	(b) Date of Charge 01/03/2025	(c) Date(s) 02/03/20	Credit Card Issuer 25	Paid		
7 PAYEE	(a) Payee name HEB			address; h Flores St nio, TX 78204	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Descrip				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$253.42	(b) Date of Charge 06/27/2025	(c) Date(s)	Credit Card Issuer	Paid		
PAYEE	(a) Payee name HEB		(b) Payee address; 646 South Flores St		City,	State,	Zip Code
			San Anto	nio, TX 78204			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip District O	otion ffice Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$33.54	(b) Date of Charge 01/02/2025	(c) Date(s) 02/03/20	Credit Card Issuer 25	Paid		
PAYEE	(a) Payee name  Hobby Lobby		(b) Payee a 4040 Sou	ıth Lamar Blvd	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descrip Campaig	otion n Constituent Gif	ts		
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	ion Filers)		
Sch: 112/137 Rpt:	Friends of Donna C	Campbell		00068678			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$41.62	02/15/2025	04/02/2025				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State,	Zip Code		
	Hobby Lobby		360 Creekside Way				
			New Braunfels, TX 7813	0			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Gift/Awards/Memorial		Campaign Constituent G	SITIS			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense			
9 Complete ONLY if direct	•						
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$54.57	05/23/2025					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State,	Zip Code		
	Hobby Lobby		360 Creekside Way				
			New Braunfels, TX 7813	0			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Campaign Constituent Gifts				
X Political	Gill/Awards/Memorial	is Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$64.94	02/19/2025	04/02/2025				
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State,	Zip Code		
			360 Creekside Way				
	Hobby Lobby						
			New Braunfels, TX 7813	0			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
EXPENDITURE	Gift/Awards/Memorial		Campaign Constituent G	Sifts			
X Political		· 					
Non-Political	`	of Texas. Complete Schedule T.	<u> </u>	X, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
1		-		·			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	hics Commiss	sion Filers)
Sch: 113/137 Rpt:	Friends of Donna C	Campbell		00068678		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD	\$		
6 PAYMENT	(a) Amount Charged \$67.65	(b) Date of Charge 03/12/2025	(c) Date(s) Credit Card 04/28/2025	Issuer Paid		
7 PAYEE	(a) Payee name  Hobby Lobby		(b) Payee address; 360 Creekside Way	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		New Braunfels, TX 7 (b) Description Campaign Constitue			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought			e sought	Office held		
PAYMENT	(a) Amount Charged \$71.92	(b) Date of Charge 02/04/2025	(c) Date(s) Credit Card 03/03/2025	Issuer Paid		
PAYEE	(a) Payee name  Hobby Lobby		(b) Payee address; 8000 Research Blvd Austin, TX 78758	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Campaign Constitue	nt Gifts		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$101.37	(b) Date of Charge 03/22/2025	(c) Date(s) Credit Card 04/28/2025	Issuer Paid		
PAYEE	(a) Payee name Hobby Lobby		(b) Payee address; 8000 Research Blvd Austin, TX 78758	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constitue	ent Gifts		
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		stin, TX, officeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

l	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commi	ssion Filers)				
l	Sch: 114/137 Rpt:	Friends of Donna C	Campbell		00068678					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$					
6	PAYMENT	(a) Amount Charged \$110.80	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issu 03/03/2025	er Paid					
7	PAYEE	(a) Payee name  Hobby Lobby		(b) Payee address; 933 Hwy 80	City, State,	Zip Code				
L		( ) 6 .		San Marcos, TX 78666						
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Campaign Constituent G	ifts					
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
	PAYMENT	(a) Amount Charged \$201.42	(b) Date of Charge 03/29/2025	(c) Date(s) Credit Card Issue 04/28/2025	er Paid					
	PAYEE (a) Payee name		(b) Payee address;	City, State,	Zip Code					
		Hobby Lobby		360 Creekside Way						
L				New Braunfels, TX 7813	0					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Campaign Constituent G	ifts					
l	X Political			L						
L	Non-Political	`	of Texas. Complete Schedule T.	<b>_</b>	K, officeholder living expense					
€	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held					
	PAYMENT	(a) Amount Charged \$60.00	(b) Date of Charge 04/08/2025	(c) Date(s) Credit Card Issu	er Paid					
Г	PAYEE	(a) Payee name	•	(b) Payee address;	City, State,	Zip Code				
		Honorwithflags.Cor	n	17314 Vly Palms Dr						
L				Spring, TX 77379						
	PURPOSE OF EXPENDITURE    X   Political	EXPENDITURE (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent G	ifts					
	Disco Balling I			ule T. Check if Austin, TX, officeholder living expense						
e	Non-Political  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH			e sought	Office held					

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commis	sion Filers)
Sch: 115/137 Rpt:	Friends of Donna C	Campbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid		
	\$42.59	04/23/2025					
7 PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
	Instacart		50 Beale	St 6Th Floor			
				ncisco, CA 94105	ı		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip				
X Political	Office Overhead/Rent		Capitol C	Office Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ı	Check if Austin, TX,	officeholder living exp	oense	
9 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 Issuer	r Paid		
	\$51.71	04/28/2025					
PAYEE (a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Jason's Deli		1000 Eas	st 41St St			
			Austin, T	X 78751			
PURPOSE OF	(a) Category		(b) Descrip	•			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Capitol S	Staff Meeting			
X Political							
Non-Political	(c) Check if travel outside	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 Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuei	r Paid		
	\$52.93	05/28/2025					
PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code
	Jack Dalvany		2305 Eas	st 7Th St			
	Joe's Bakery						
			Austin, T				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	•			
<u> </u>	Food/Beverage Expe		Capiloi S	Staff Meeting			
	X Political						
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct Candidate/Officeholder name Office sought				Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct   Candidate/Officeholder name   Office seependiture to benefit C/OH					Onice nelu		
Emportation to bottom O/O/I							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 116/137 Rpt:	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
	\$630.34	05/28/2025					
7 PAYEE	(a) Payee name  Joe's Bakery		(b) Payee 2305 Eas		City,	State,	Zip Code
			Austin, T				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip				
X Political	Food/Beverage Expe		Capitol S	Staff Meeting			
Non-Political				officeholder living exp	ense		
Complete ONLY if direct Candidate/Officeholder name Office sought			Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$1,208.06	(b) Date of Charge 05/30/2025	(c) Date(s)	) Credit Card Issuer	<sup>*</sup> Paid		
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Joe's Bakery		2305 Eas		,		•
			Austin, T	X 78702			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Capitol S	Staff Meeting			
X Political	1 ood/beverage Expe	1130					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	<sup>-</sup> Paid		
	\$4.67	06/17/2025					
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	Laz Parking		One Fina	ancial Plz 14Th Fl			
			Hartford	CT 06103			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top			ın Storage			
X Political	Office Overhead/Ren	tai Expense					
Non-Political				Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct Candidate/Officeholder name Office sou					Office held		
expenditure to benefit C/OH							
	•						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)			
	Sch: 117/137 Rpt:	Friends of Donna C	ampbell			00068678					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDI	\$					
6	PAYMENT	(a) Amount Charged \$242.00	(b) Date of Charge 02/28/2025	(c) Date(s) 04/02/20	Credit Card Issue 25	er Paid					
7	PAYEE	(a) Payee name  Lockaway Storage		(b) Payee 452 Fm 3 New Bra		City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri							
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living ex	pense				
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought			Office held							
	PAYMENT	\$242.00 02/03/2025 03/03/2025		Credit Card Issue 25	er Paid						
	PAYEE	(a) Payee name  Lockaway Storage		(b) Payee 452 Fm 3		City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living ex	pense				
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$242.00	(b) Date of Charge 03/31/2025	(c) Date(s) 04/28/20	Credit Card Issue 25	er Paid					
	PAYEE	(a) Payee name  Lockaway Storage		(b) Payee 452 Fm 3 New Bra		City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Descrip Campaig	n Storage						
lacksquare	Non-Political	0 001:24+	Check if Austin, TX	C, officeholder living ex	pense						
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	riame Office	e sought		Office held					
I											

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4	2 FILER NAME			3 Filer ID (Ethi	ics Commis	sion Filers)					
Sch: 118/137 Rpt:	Friends of Donna C	Campbell		00068678							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITORY	\$							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$242.00	04/30/2025									
7 PAYEE	(a) Payee name  Lockaway Storage		(b) Payee address; 452 Fm 306	City,	State,	Zip Code					
			New Braunfels, TX 7813	0							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description								
	Office Overhead/Ren	•	Campaign Storage								
X Political											
Non-Political	\ \frac{1}{2} \ \frac{1}{2} \	of Texas. Complete Schedule T.		K, officeholder living exp	pense						
9 Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name Offi expenditure to benefit C/OH			Office held							
· ·		L (1) = 1 ( 1)	1/25:/25:11								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
\$242.00		05/31/2025									
PAYEE (a) Payee name		•	(b) Payee address;	City,	State,	Zip Code					
	Lockaway Storage		452 Fm 306								
			New Braunfels, TX 7813	0							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Campaign Storage								
X Political	Office Overhead/Ren	tal Expense									
Non-Political	<u> </u>	of Texas. Complete Schedule T.	<u> </u>	K, officeholder living exp	pense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OF		T	1								
PAYMENT	(a) Amount Charged \$242.00	(b) Date of Charge 06/30/2025	(c) Date(s) Credit Card Issue	er Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Laskaway Ctarage		452 Fm 306								
	Lockaway Storage										
			New Braunfels, TX 7813	0							
PURPOSE OF (a) Category  EXPENDITURE (See Categories listed at the top of this schedule)		of this schedule)	(b) Description								
EXPENDITURE	Office Overhead/Ren	•	Campaign Storage								
X Political											
				K, officeholder living exp	pense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OF											

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 119/137 Rpt:	Friends of Donna C	ampbell			00068678				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid				
	\$30.30	02/20/2025	04/02/202	5					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Michael's			651 N Busines	s Ih 35				
	( ) 0 :			nfels, TX 78130					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti		to				
X Political	Gift/Awards/Memorial		Campaign	Constituent Giff	ıs				
Non-Political	(c) and the details of total and the details of the details of total and the details of total and the details of the deta			Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH		1	T						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid				
	\$186.69	06/20/2025							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Michael's		Suite 1400	651 N Busines	s Ih 35				
			New Braur	nfels, TX 78130					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti						
X Political	Gift/Awards/Memorial		Campaign	Constituent Giff	ts				
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 Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$12.00	(b) Date of Charge 02/25/2025	(c) Date(s) ( 04/02/202	Credit Card Issuer 5	Paid				
PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code		
			390 South	Seguin Ave					
	New Braunfels Cha	ımber							
			New Braur	nfels, TX 78130					
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Descripti						
EXPENDITURE	Office Overhead/Rent		Campaign	Dues					
X Political		•							
Non-Political	(c) desired at the states of t				officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)				
Sch: 120/137 Rpt:	Friends of Donna C	Campbell			00068678						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF U EXPENDITUR CHARGED TO CARD	RES	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	it Card Issuer	Paid						
	\$12.00	05/29/2025									
7 PAYEE	(a) Payee name		(b) Payee addre	ss;	City,	State,	Zip Code				
	New Braunfels Cha	ımber	390 South Seg								
	( ) 0 :		New Braunfels	s, TX 78130							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign Due	20							
X Political	Office Overhead/Rent		Campaign Due	<i>-</i>							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		eck if Austin, TX, o	officeholder living expe	ense					
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held							
expenditure to benefit C/OH											
			(c) Date(s) Cred 04/28/2025	it Card Issuer	Paid						
	\$77.18 03/18/2025										
PAYEE (a) Payee name			(b) Payee addre	ss;	City,	State,	Zip Code				
	New Braunfels Noo	n Lions Club	801 West San	Antonio St							
			New Braunfels	s, TX 78130							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Campaign Due	es							
X Political	Office Overhead/Rent										
Non-Political	+·· =	of Texas. Complete Schedule T.		eck if Austin, TX, o	officeholder living expe	ense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	it Card Issuer	Paid						
	\$11.00	03/17/2025	04/28/2025								
PAYEE	(a) Payee name		(b) Payee addre	ss;	City,	State,	Zip Code				
	No Position	•	1308 Cmn St								
	New Braunfels Ship	pping									
			New Braunfels	s, TX 78130-	3557						
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Description								
l <u> </u>	Office Overhead/Rent		Campaign Shi	pping							
I =	X Political										
Non-Political	(c) design autor catalage of resident				ule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH											

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)			
	Sch: 121/137 Rpt:	Friends of Donna C	ampbell			00068678					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
		\$13.00	05/06/2025								
7	PAYEE	(a) Payee name  New Braunfels Ship	pping	(b) Payee 1308 Cm		City,	State,	Zip Code			
8	PURPOSE OF	(a) Category		(b) Descrip		-3337					
	EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent			n Shipping						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
9				e sought		Office held					
е	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$18.00	(b) Date of Charge 02/13/2025	(c) Date(s) 04/02/20	) Credit Card Issue 25	r Paid					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		New Braunfels Ship	pping	1308 Cm							
L		( ) 2 :			unfels, TX 78130	-3557					
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	n Shipping						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	<u>I</u>	Check if Austin, TX,	officeholder living exp	ense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
		\$37.00	06/20/2025								
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code			
		Now Prounfole Chir	ning	1308 Cm	ın St						
		New Braunfels Ship	philig								
L					unfels, TX 78130	-3557					
1	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip							
		Office Overhead/Rent	*	Campaig	n Shipping						
	X Political										
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T  Complete ONLY if direct Candidate/Officeholder name Off				Check if Austin, TX,	officeholder living exp	ense				
_ ا	Complete ONLY if direct	name Office	e sought		Office held						
F	expenditure to benefit C/OH										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officerolder/Folitica	ŭ	ruction Guide explains how	•	THEN (enter a category	not iisteu a	bove)
1	Total pages Schedule F4:		<u> </u>	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics	Commiss	sion Filers)
	Sch: 122/137 Rpt:	Friends of Donna C	Campbell		00068678		,
4	CREDIT CARD ISSUER	Name of final	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 04/28/2025	r Paid		
		\$233.82	03/17/2025				
7	PAYEE	(a) Payee name		(b) Payee address; 1308 Cmn St	City,	State,	Zip Code
		New Braunfels Ship	pping				
				New Braunfels, TX 78130	)-3557		
8	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Campaign Shipping			
l	X Political  Non-Political  (a)						
L					officeholder living exper	ise	
9	• Complete <u>Give</u> in amost			e sought	Office held		
Le	expenditure to benefit C/OH  (a) Amount Charged (b) Date of Charge			1() = . () =			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$40.00	04/30/2025				
H	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		No the Occupant	Observation of	12930 Country Pkwy			
		North San Antonio	Chamber of				
L				San Antonio, TX 78216			
l	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	(7)	of Texas. Complete Schedule T.		officeholder living exper	ise	
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
T	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$56.05	05/04/2025				
H	PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code
l				20090 Marketplace Ave S	Ste 100		
		Nothing Bundt Cak	es				
L				Kyle, TX 78640			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
		Food/Beverage Expe	•	Campaign Staff Meeting			
	X Political						
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				officeholder living exper	ise	
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
l _					<del></del>		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 123/137 Rpt:	Friends of Donna C	ampbell			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		Credit Card Issuer	Paid		
		\$12.96	03/14/2025	04/28/202	5			
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Office Depot		2220 Norti	h State Hwy 360	)		
L					irie, TX 75050-1	1017		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
		Office Overhead/Rent		Capitol Of	fice Supplies			
	X Political							
	Non-Political	· · · —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	· —	Candidate/Officeholder	name Office	e sought		Office held		
Le	expenditure to benefit C/OH	(a) Amazunt Chavarad	(h) Data of Charge	(c) Date(s) Credit Card Issuer Paid				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	04/02/202		Palu		
		\$44.57	02/20/2025					
L	PAYEE	(a) Payee name		(b) Payee a	ddraee:	City,	State,	Zip Code
		(a) Fayee Hame		1 ' '	state 35 North S	-	State,	Zip Code
		Office Depot		1000 11101	state oo rootii e	71C 000		
				New Brau	nfels, TX 78130			
Г	PURPOSE OF	(a) Category		(b) Descript				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Capitol Of	fice Supplies			
	X Political	Office Overflead/Nerin	tai Experise					
	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 Office	e sought		Office held		
е	expenditure to benefit C/OH		-	_				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) ( 04/28/202	Credit Card Issuer	Paid		
		\$25.97	03/10/2025	04/26/202	5			
$\vdash$	PAYEE	(a) Payee name		(b) Payee a	ddress:	City,	State,	Zip Code
l		(1)			state 35 North S		,	
l		Office Depot						
				New Brau	nfels, TX 78130			
	PURPOSE OF	(a) Category		(b) Descript				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Capitol Of	fice Supplies			
1	X Political Office Overhead/Kerital Expense							
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule			edule T. Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commis	sion Filers)			
	Sch: 124/137 Rpt:	Friends of Donna C	ampbell			00068678					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged \$21.21	(b) Date of Charge 03/20/2025	(c) Date(s) 04/28/20	Credit Card Issue 25	r Paid					
7	PAYEE	(a) Payee name Officemax		(b) Payee a 907 West	t 5Th St Ste 101	City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living expe	ense				
	Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH			Office held							
	PAYMENT	(a) Amount Charged \$241.92	(b) Date of Charge 03/13/2025	(c) Date(s) 04/28/20	Credit Card Issue 25	r Paid					
	PAYEE	(a) Payee name Officemax			t 5Th St Ste 101	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Austin, Ti (b) Descrip Capitol O							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$16.13	(b) Date of Charge 04/02/2025	(c) Date(s) 04/28/20	Credit Card Issue 25	r Paid					
	PAYEE	(a) Payee name Panera Bread	1		address; uth Interstate Hw	City, y 35	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political		(b) Description ee Categories listed at the top of this schedule) cood/Beverage Expense  (b) Description Campaign Staff Meeting								
	Non-Political	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense					
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)			
Sch: 125/137 Rpt:	Friends of Donna C	Campbell			00068678					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
	\$98.28	06/28/2025								
7 PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code			
	Panera Bread			ıth Fm 1626						
			Kyle, TX							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	n Staff Meeting						
X Political	Food/Beverage Expe	nse	Campaig	in otali weeting						
Non-Political	• •	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense				
9 Complete ONLY if direct Candidate/Officeholder name Office sough			e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
	\$100.12	06/10/2025								
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
	Pleasing Petals		21311 Fr	n 2100 Rd						
			Crosby, 7	TX 77532						
PURPOSE OF	(a) Category		(b) Descrip							
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Campaig	n Constituent Gi	fts					
X Political	Gill/Awards/Memorial	is Experise								
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 Offic	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 04/28/20	Credit Card Issue	er Paid					
	\$24.46	03/20/2025	04/20/20	23						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
	DMC Parking		3713 Cha	arlotte Ave						
	PMC Parking									
				, TN 37209						
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)		of this schedule)	(b) Descrip	n Staff Parking						
Transportation Equipment And Related		Campaig	ii Stair i arkiiig							
Non-Political	X Political Expense				-#I- 11 · · ·					
					, officeholder living ex Office held	pense				
expenditure to benefit C/OH					Office Held					
Inpondició de borione el orio	I									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 126/137 Rpt:	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$24.46	(b) Date of Charge 03/20/2025	(c) Date(s) 04/28/20	Credit Card Issuei 25	r Paid		
7 PAYEE	(a) Payee name PMC Parking			address; arlotte Ave e, TN 37209	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE  X Political	(See Categories listed at the top Transportation Equipr Expense			n Staff Parking			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$38.97	04/14/2025					
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	Poco Loco			th Burleson St			
	(a) Oatawari		Kyle, TX				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	office Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$190.38	06/28/2025					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Ranch 616		616 Nue	ces St			
			Austin, T	X 78701			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	· ·	(b) Descrip	otion staff Meeting			
X Political	Food/Beverage Expe	IISE					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held		
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 127/137 Rpt:	Friends of Donna C	ampbell		00068678		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$20.24	(b) Date of Charge 03/29/2025	(c) Date(s) Credit Card Issuer 04/28/2025	r Paid		
7 PAYEE	(a) Payee name Roaring Fork		(b) Payee address; 701 Congress Ave	City,	State,	Zip Code
	(-) O-t		Austin, TX 78701			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Capitol Staff Meeting			
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		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$103.83	(b) Date of Charge 03/20/2025	(c) Date(s) Credit Card Issuer 04/28/2025	r Paid		
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code
	Roaring Fork		701 Congress Ave			
			Austin, TX 78701			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Capitol Staff Meeting			
Non-Political	(a) Chaple if traval autoida	of Toyon, Complete Cabadula T	Charle if Austin TV	office bolder living even		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Oniceriolaer	maric Office	c sought	Office field		
PAYMENT	(a) Amount Charged \$176.78	(b) Date of Charge 05/02/2025	(c) Date(s) Credit Card Issuer	r Paid		
PAYEE	(a) Payee name Roaring Fork	1	(b) Payee address; 701 Congress Ave Austin, TX 78701	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	PENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F	4: 2 FILER NAME			3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 128/137 Rpt:	Friends of Donna (	Campbell		00068678		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITION	\$		
6 PAYMENT	(a) Amount Charged \$5.40	(b) Date of Charge 02/22/2025	(c) Date(s) Credit Card Issue 04/02/2025	er Paid		
7 PAYEE	(a) Payee name  Ross Stores		(b) Payee address; 5086 Kyle Ctr Dr	City,	State,	Zip Code
0 BURDOOF OF	(a) Cotogon		Kyle, TX 78640			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description District Office Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	ζ, officeholder living exp	oense	
9 Complete ONLY if direct	t Candidate/Officeholde	r name Offic	e sought	Office held		
expenditure to benefit C/C	H					
PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 05/22/2025	(c) Date(s) Credit Card Issue	er Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	San Antonio Hispa	nic	3006 General Hudnell Dr			
	(a) Catagoni		San Antonio, TX 78226			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Campaign Dues			
Non-Political	(a) Charle if traval autoida	of Toyloo Complete Cabadyla T	Charle if Austin TV	Cofficebolder living over		
Complete ONLY if direct		of Texas. Complete Schedule T.	e sought	Office held	bense	
expenditure to benefit C/C	ЭН					
PAYMENT	(a) Amount Charged \$12.00	(b) Date of Charge 04/02/2025	(c) Date(s) Credit Card Issue 04/28/2025	er Paid		
PAYEE	(a) Payee name  San Marcos Embassy		(b) Payee address; 1001 Mccarty Lane - San Marcos, TX 78666	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	RPOSE OF (a) Category (See Categories listed at the top of this schedule) (Transportation Equipment And Related		(b) Description Campaign Staff Parking			
Non-Political	(1)	of Texas. Complete Schedule T.	<u> </u>	(, officeholder living exp	oense	
Complete ONLY if direct expenditure to benefit C/C		r name Offic	e sought	Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete this	form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 129/137 Rpt:	Friends of Donna C	Campbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	UNITEMIZED URES TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid		
		\$79.52	06/19/2025					
7	PAYEE	(a) Payee name Screaming Goat		(b) Payee add 4 Sun Vly R	d	City,	State,	Zip Code
L					ch, TX 78070			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Capitol Staf				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH		-					
	PAYMENT	(a) Amount Charged \$52.99	(b) Date of Charge 04/01/2025	(c) Date(s) Cr 04/28/2025	edit Card Issuer	<sup>*</sup> Paid		
Г	PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
		Simplystamps.com		2021 Saint /	Augustine Rd I	East		
L				Jacksonville	e, FL 32207			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Campaign S				
	X Political	omoo o vorriodd/rtorr	a Expense					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 03/14/2025	(c) Date(s) Cr 04/28/2025	edit Card Issuer	Paid		
	PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
		St. Andrews		560 Brietzke	e Rd			
L				Seguin, TX				
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By			(b) Description Donation in Memoria of Staff Family				
	X Political Candidate/Officeholder/Political Committee			nittee				
	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T			nedule T. Check if Austin, TX, officeholder living expense			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)	
Sch: 130/137 Rpt:	Friends of Donna C	ampbell		00068678			
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 Issuer	Paid			
	\$17.16	06/17/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Stable Hall		307 Pearl Pkwy				
			San Antonio, TX 78215				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	*	City Officials Meet and Gr	eet Luncheon			
X Political	- rood/Bovorago Expo						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	ise		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$49.80	04/01/2025	04/28/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Star Awards		1500 Interstate 35 South				
			New Braunfels, TX 78130				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Campaign Constituent Gifts				
X Political	Gift/Awards/Memorial	s expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	ise		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$7.47	02/18/2025	04/02/2025				
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code	
			501 West 15Th St Ste D				
	Starbucks						
			Austin, TX 78701				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule)						
X Political	Food/Beverage Expe	100					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	ise		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete the	his form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 131/137 Rpt:	Friends of Donna C	Campbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 03/03/202	Credit Card Issuer 25	Paid		
	\$12.88	02/03/2025					
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Starbucks		501 West	15Th St Ste D			
			Austin, T				
8 PURPOSE OF	(a) Category	of this color duta)	(b) Descrip				
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Exper		Capitol St	aff Meeting			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Offi			e sought	<del></del>	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$13.37	06/18/2025					
PAYEE	(a) Payee name	1	(b) Payee a	address;	City,	State,	Zip Code
	Starbucks		22449   3	5			
			Kyle, TX	78640			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top		Campaign Staff Meeting				
X Political	Food/Beverage Expe	nse					
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 Offic	e sought		Office held		
expenditure to benefit C/OH		Tax = 1 (a)	145-45	- "			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 03/03/202	Credit Card Issuer	Paid		
	\$16.34	01/29/2025	00/00/202	-0			
PAYEE	(a) Payee name	1	(b) Payee a	address;	City,	State,	Zip Code
			303 2Nd 9	St Suite 800			
	Starbucks						
			San Franc	cisco, CA 94107			
PURPOSE OF	(a) Category	of this color duta)	(b) Descrip				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Campaigr	n Staff Meeting			
X Political	X Political						
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 Offic	e sought		Office held		
expenditure to benefit C/OH	]						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 132/137 Rpt:	Friends of Donna C	Campbell		00068678				
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	r Paid				
	\$16.94	01/28/2025	03/03/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Coo				
	Starbucks		501 West 15Th St Ste D					
			Austin, TX 78701					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Food/Beverage Expe		Capitol Staff Meeting					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	e sought	Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$20.51	(b) Date of Charge 02/12/2025	(c) Date(s) Credit Card Issue 04/02/2025	r Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Coo				
	Starbucks		501 West 15Th St Ste D					
			Austin, TX 78701					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Capitol Staff Meeting					
X Political			<u> </u>					
Non-Political	· · · —	of Texas. Complete Schedule T.		officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held				
PAYMENT	(a) Amount Charged \$20.65	(b) Date of Charge 01/31/2025	(c) Date(s) Credit Card Issue 03/03/2025	r Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Coo				
	Starbucks		2720 Loop 337					
			New Braunfels, TX 78132					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	,	Campaign Staff Meeting					
X Political	Food/Beverage Expe	rise						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this for	m.	(*	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 133/137 Rpt:	Friends of Donna C	ampbell			00068678		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	ES	\$		
6 PAYMENT	(a) Amount Charged \$20.78	(b) Date of Charge 01/28/2025	(c) Date(s) Credit 03/03/2025	Card Issuer	Paid		
7 PAYEE	(a) Payee name Starbucks		(b) Payee addres 501 West 15Th Austin, TX 787	St Ste D	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Description	<u> </u>			
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Exper	•	Capitol Staff Mo	eeting			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX,	officeholder living ex	oense	
9 Complete ONLY if direct	e sought		Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
	\$22.03	06/19/2025					
PAYEE	(a) Payee name		(b) Payee addres	s;	City,	State,	Zip Code
	Starbucks		109 Old Boerne	e Rd			
			Bulverde, TX 7	8163			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Campaign Staf	f Meeting			
X Political							
Non-Political	(1)	of Texas. Complete Schedule T.		ck if Austin, TX,	officeholder living ex	oense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$27.52	(b) Date of Charge 05/03/2025	(c) Date(s) Credit	Card Issuer	Paid		
PAYEE	(a) Payee name Starbucks		(b) Payee addres 18900 Ih 35 Kyle, TX 78610		City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staf				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* · · · · · · · · · · · · · · · · · · ·	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)
	Sch: 134/137 Rpt:	Friends of Donna C	ampbell			00068678		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$28.36	(b) Date of Charge 02/04/2025	(c) Date(s) 03/03/20	) Credit Card Issuer 25	Paid		
7	PAYEE	(a) Payee name Starbucks		(b) Payee 501 Wes Austin, T	t 15Th St Ste D	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$37.48	(b) Date of Charge 02/11/2025	(c) Date(s) 04/02/20	) Credit Card Issuer 25	Paid		
	PAYEE	(a) Payee name Starbucks			t 15Th St Ste D	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, T (b) Descrip Capitol S				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$134.90	(b) Date of Charge 01/14/2025	(c) Date(s) 03/03/20	) Credit Card Issuer 25	Paid		
	PAYEE	(a) Payee name Starbucks		(b) Payee 501 Wes Austin, T	t 15Th St Ste D	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip Capitol S	otion staff Meeting			
L	Non-Political	` 1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)		
	Sch: 135/137 Rpt:	Friends of Donna C	ampbell			00068678				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid				
		\$23.65	05/30/2025							
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code		
		Starbucks			t 15Th St Ste D					
		( ) 2 :		Austin, T						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
	X Political	Food/Beverage Expe	*	Capitol S	Staff Meeting					
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid				
		\$129.08	05/29/2025							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Starbucks		501 Wes	t 15Th St Ste D					
L				Austin, T						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
	X Political	Food/Beverage Expe		Capitol S	staff Meeting					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid				
		\$12.12	05/31/2025							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Ctarbuoka aam		2401 Uta	th Ave South Ste	800				
		Starbucks.com								
					WA 98134					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
1		Food/Beverage Expense		Capitoi S	Staff Meeting					
	X Political									
lacksquare	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	0.001:26+	Check if Austin, TX,	Office hold	ense			
<b> </b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
F	Aponditure to beliefft C/OH									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)		
	Sch: 136/137 Rpt:	Friends of Donna C	Campbell			00068678				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$20.35	(b) Date of Charge 05/31/2025	(c) Date(s	) Credit Card Issue	r Paid				
7	PAYEE	(a) Payee name Starbucks.com			address; ah Ave South Ste WA 98134	City, 800	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	· · · · · · · · · · · · · · · · · · ·	(b) Descri						
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense			
	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
-	expenditure to benefit C/OH		T	1						
	PAYMENT	(a) Amount Charged \$26.58	(b) Date of Charge 06/01/2025	(c) Date(s	) Credit Card Issue	r Paid				
	PAYEE	(a) Payee name Starbucks.com			address; ah Ave South Ste WA 98134	City, 800	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$29.23	(b) Date of Charge 06/02/2025	(c) Date(s	) Credit Card Issue	r Paid				
	PAYEE	(a) Payee name Starbucks.com			address; ah Ave South Ste WA 98134	City, 800	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	PENDITURE  (See Categories listed at the top of this schedule) Food/Beverage Expense  Capito			Staff Meeting					
$\vdash$	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	0.001:054	Check if Austin, TX,	Office hold	pense			
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held				
1										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense ons Made By - Gift/Awards/Memorials Expense Legal Services		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		
				ow to complete this form.	,	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Sch: 137/137 Rpt:	Friends of Donna C	ampbell		00068678	
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid	
		\$32.26	05/28/2025			
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
		Starbucks.com		2401 Utah Ave South St	e 800	
L				Seattle, WA 98134		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
	X Political	Food/Beverage Expense				
L	Non-Political	I	of Texas. Complete Schedule	<u> </u>	X, officeholder living expense	
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Of	ffice sought	Office held	

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

## SCHEDULE K

	The Instru	ction Guide explains how to complete this form.			pages Schedule K: 1/3 Rpt: 217/219	
2	FILER NAME	3	3	Filer I	D (Ethics Commission Fil	lers)
	Friends of Donna Campbell				8678	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	03/18/2025	Amazon				54.60
		6 Address of person from whom amount is received; City; State; Zip Code			···	
		Address of person from whom amount is received, Gity, State, Zip Code				
		Seattle, WA 98109				
			itio	al aar		
		Return of Office Supplies	ilic	ai cui	unbulion returned to liler	
		Neturn of Office Supplies				
	Date	Name of person from whom amount is received			Amount (\$)	
	03/22/2025	Amazon			\$	20.56
		Address of person from whom amount is received; City; State; Zip Code				
		Seattle, WA 98109				
		Purpose for which amount is received	itic	al cor	tribution returned to filer	
		Return of Office Supplies				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/16/2025	Amazon				516.12
	0-11012020					710.12
		Address of person from whom amount is received; City; State; Zip Code				
		Seattle, WA 98109				
			itic	al cor	I tribution returned to filer	
		Return of Office Supplies	illic	ai coi	unbullon returned to liler	
					1	
	Date	Name of person from whom amount is received			Amount (\$)	
	03/10/2025	Amazon				\$8.62
		Address of person from whom amount is received; City; State; Zip Code				
		Seattle, WA 98109				
		Purpose for which amount is received	itic	al cor	tribution returned to filer	
		Return of Office Supplies				
	Date	Name of person from whom amount is received			Amount (\$)	
	01/06/2025	HEB				\$22.09
		Address of person from whom amount is received; City; State; Zip Code				
		Address of person from whom amount is received, Gity, State, 21p code				
		San Antonio, TX 78204				
			itic	al cor	I tribution returned to filer	
		Return of Office Supplies	ilio	ai cul	ansauon returned to mer	
		Tetam of Office Supplies				

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

## SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 2/3 Rpt: 218/219	
2	FILER NAME		3	Filer	ID (Ethics Commission	Filers)
	Friends of D	onna Campbell		000	68678	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	01/31/2025	Independent Financial Group				1,357.35
		6 Address of person from whom amount is received; City; State; Zip Code				,
		Address of person from whom amount is received, City, State, 2ip Code				
		San Diego, CA 92130				
			noliti	cal co		
		Campaign Interest	ponti	cai co	numbulion returned to mer	
_						
	Date	Name of person from whom amount is received			Amount (\$)	
	02/28/2025	Independent Financial Group				3,925.14
		Address of person from whom amount is received; City; State; Zip Code				
		San Diego, CA 92130				
		<del>-</del>	politi	cal co	ntribution returned to filer	
		Campaign Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	03/31/2025	Independent Financial Group			\$4	1,327.73
		Address of person from whom amount is received; City; State; Zip Code				
		San Diego, CA 92130				
		Purpose for which amount is received Check if	politi	cal co	ntribution returned to filer	
		Campaign Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/30/2025	Independent Financial Group				1,187.21
		Address of person from whom amount is received; City; State; Zip Code				
		,				
		San Diego, CA 92130				
		Purpose for which amount is received Check if	politi	cal co	ntribution returned to filer	
		Campaign Interest				
_	Date	Name of person from whom amount is received			Amount (\$)	
	05/30/2025	Independent Financial Group				1,302.01
		Address of person from whom amount is received; City; State; Zip Code				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Address of person from whom amount is received, City, State, Zip Code				
		San Diego, CA 92130				
		_	politi	cal co		
		Campaign Interest	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J 00		
_		<u> </u>				

## INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 219/219 2 FILER NAME Filer ID (Ethics Commission Filers) Friends of Donna Campbell 00068678 8 Amount (\$) Date 5 Name of person from whom amount is received 06/30/2025 Independent Financial Group \$4,164.28 6 Address of person from whom amount is received; City; State; Zip Code San Diego, CA 92130 Purpose for which amount is received ☐ Check if political contribution returned to filer Campaign Interest Amount (\$) Date Name of person from whom amount is received 03/10/2025 Wal-Mart \$38.68 Address of person from whom amount is received; City; State; Zip Code New Braunfels, TX 78130 Purpose for which amount is received Check if political contribution returned to filer Return of Office Supplies