## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

1	Filer ID (Eth	cs Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY			
	00084192		75			Date Received				
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONIC	ALLY FILED			
	OFFICEHOLDER NAME	The Honorable	Elizabeth			07/29/2025				
		NICKNAME	LAST		SUFFIX					
		Liz	Campos			Date Hand-delivered o	r Date Postmarked			
4	ORIGINAL REPORT TYPE	January 15	Runoff	Other	(specify)					
	REPORTITIE	X July 15	Exceeded modified I	reporting limit		Receipt #	Amount			
		30th day before election	15th day after campa							
		8th day before election	Final Report (Attach	• •		Date Processed				
5	ORIGINAL PERIOD	Month Day Yea	ar	Month Day	Year	Date Imaged				
	COVERED	01/01/2025	THROUGH	06/30/2025						
6	EXPLANATION OF C	ORRECTION								
		prrect contribution/expendit	ure amounts. The new r	eport corrects the r	name on one con	tribution (from Davi	s S. Zachary to David			
	• ,	late on two contributions.								
	The "Davis Zachary" stated in original repo	\$1000 contribution was del ort).	ivered/received/accepte	ed at the candidate's	s fundraiser in Sa	an Antonio on June	24 (not June 11 as			
	0 1	,	laliyarad/raasiyad/aasay	ated at the condidat	ola fundrajaar in	Austin on June 26	(not lung 22 as states			
	in original report).	C" \$250 contribution was o	ielivereu/receiveu/accep	neu at the candidat	es iunuraisei in	Austin on June 26	TIOL JUIIE 22 as stated			
	The campaign proact	ively amends report to add	ress clerical issues liste	d above to ensure f	ull compliance w	ith all relevant cam	paign finance statutes			
		ests a waiver and/or reduct					g			
_	AFFIDAVIT									
7	AFFIDAVIT		I swe	ar, or affirm, under	penalty of perjur	y, that this correcte	d report is true			
			and o	correct.						
			Chec	k the box next to a	ny and all applica	able statements:				
			X	Semiannual reno	rte: Iswaar o	r affirm that the orig	inal report			
				d or to						
				misrepresent the ir	nformation contai	ined in the report.				
			X			, that I am filing this				
			_			ess day after the da naccurate or incom				
				swear, or affirm, th	at any error or o	mission in the repor				
				filed was made in (	yoou idilii.					
						ole Elizabeth Campos				
				The	Honorable Eliz	abeth Campos				
						abeth Campos e or Officeholder				
	AFFIX NOTARY ST	AMP / SEAL ABOVE								
				Signa	ture of Candidat	e or Officeholder	day			
	Sworn to and subsc	ribed before me, by the sai	dtify which, witness mv h	Signa	ture of Candidate	e or Officeholder	day			
	Sworn to and subsc		dtify which, witness my h	Signa	ture of Candidate	e or Officeholder	day			
	Sworn to and subsc	ribed before me, by the sai	dtify which, witness my h	Signa	ture of Candidate	e or Officeholder	day			
	Sworn to and subsc	ribed before me, by the sai	dtify which, witness my h Printed name of off	Signa and and seal of offi	ture of Candidate	e or Officeholder				

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00084192		2 Total pages fil	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Elizabeth			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST	•••••	SUFFIX	07/29/2025	
	Liz	Campos				
4 CANDIDATE /	ADDRESS / PO BOX; APT	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	1028 Rigsby				Receipt#	Amount
Change of Address	San Antonio, TX 78210					
	Sall Allionio, 1X 70210				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Mr.	Joe				
	NICKNAME	LAST		SUFFIX		
		Campos		301117		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	1035 Rigsby					
(Residence or Business)	Con Antonio TV 70010					
	San Antonio, TX 78210					
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(210) 931-8922					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after car	mnaign treasurer
		Journal before	election	L	appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ich C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
40 51 5051011	ELECTION DATE			ELECTION TYPE		
10 ELECTION	ELECTION DATE  Month Day Year		rimary	ELECTION TYPE Runoff	Other	
	03/03/2026					
			eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)	
	State Representative Distri	ict 119 Bexar		State Represent	tative District 119	
<u> </u>						
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 75

13 C / OH NAME	Campos, Elizabeth (1	he Honorable)	<b>14</b> Filer ID (E 00084192	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or officel	holder's knowledge or			
Additional Pages	COMMITTEE TYPE						
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS				
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		<b>\$</b> 1,283.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 32,036.42			
EXPENDITURE TOTALS							
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 92,316.96			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 267.65			
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.					
		The Hono	rable Elizabeth Campo	os			
		Signature o	f Candidate or Officehold	ler			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
		aid	, this the	day			
	, 20, to contact the	ertify which, witness my hand and seal of office.  Printed name of officer administering	Title of officer	administering oath			
Signature of Offi	cei auministenny	r mileu name oi oincei auministenny	Tide of officer	auministening Udtii			

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

				4 of 75	
<b>18</b> FILER NAME Campos, Eli	izabeth (The Honorable)	<b>19</b> Filer ID 00084192	(Ethics Commission	Filers)	
20 SCHEDULE S			SUBTOTAL AN	MOUNT	
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	30,533.00	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,503.42	
3. X S	\$	0.00			
4. X S	\$	0.00			
5. X S	\$	50,172.03			
6. X	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7. X S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00	
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
9. X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$					

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 5/75	
2	FILER NAME Campos, Eliz	zabeth (The Honorable)			3	Filer ID (Ethics Commission 00084192	n Filers)
4	Date 06/30/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Amato, Charles</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78216	_				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions SWBC	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_American Pharmacies Texas PAC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$750.00
	Principal occu	Corpus Christi, TX 78401 pation / Job title (See Instructions)	_	Employer (See Instructions	:) 		
	r inicipal occu	oduon 7 300 title (See mstructions)		Employer (See mstructions	"		
	Date 06/26/2025	Full name of contributor		)		Amount of Contribution (\$)	\$500.00
		Boerne, TX 78015					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Ancira Auto Group	s)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_Andrade, Hope  Contributor address; City; State; Zip Code  San Antonio, TX 78205		)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Andrad - Van De Putte		sociates	
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_Frost, Pat  Contributor address; City; State; Zip Code  San Antonio, TX 78209				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>(</u>		
			-				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this form	1.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 6/75	
2	FILER NAME Campos, Eliz	zabeth (The Honorable)			3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 06/25/2025	Garcia, Joe	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78767					
8	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Garcia Group	)		
	Date 06/25/2025	Full name of contributor  Garza, Rudy  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		San Antonio, TX 78258					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions CPS Energy	)		
	Date 06/26/2025	Full name of contributor  Greyhawk Public Affairs  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		Austin, TX 78749					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/24/2025	Full name of contributor  Guerrero, Debra Ann  Contributor address; City; State;  San Antonio, TX 78210	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions NRP Group	)		
	Date 06/23/2025	Full name of contributor Hillco PAC Contributor address; City; State; Austin, TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			l				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 7/75	
2	FILER NAME Campos, Eliz	zabeth (The Honorable)				3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 06/26/2025	<ul><li>5 Full name of contributor Kirk, Kevin</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78251	<u>,</u>					
8	Principal occu	pation / Job title (See Instructions	(5)		Employer (See Instructions Self-Employed	5)		
	Date 06/24/2025	Full name of contributor Koger, Thomas Contributor address; City; S			)		Amount of Contribution (\$)	\$100.00
	Deireciant	San Antonio, TX 78223			Faralasas (Osas Instructions	$\overline{\Gamma}$		
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions JACE	5)		
	Date 06/23/2025	Full name of contributor Linebarger Goggan Blair Contributor address; City; S			)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78760						
	Principal occu	pation / Job title (See Instructions	(5)		Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor  Macon, R. Laurence  Contributor address; City; S  San Antonio, TX 78212	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions Macon Law Firm	5)		
	Date 06/26/2025	Full name of contributor  Moak Casey PAC  Contributor address; City; Si  Austin, TX 78701	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	(5)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 8/75	
2	FILER NAME Campos, Eliz	zabeth (The Honorable)				3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 06/30/2025	<ul><li>5 Full name of contributor Montes, Eva</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78758						
8	Principal occu	pation / Job title (See Instruction	s)	9	Employer (See Instructions Central Texas Holistic F		lth	
	Date 06/24/2025	Full name of contributor Ortiz McKnight Contributor address; City; S					Amount of Contribution (\$)	\$250.00
		San Antonio, TX 78205						
	Principal occu	pation / Job title (See Instruction:	5)		Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor Pape-Dawson Engineers Contributor address; City; S			)		Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78213						
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	s)		
	Date 06/25/2025	Full name of contributor Philips UrestiMeachum P Contributor address; City; S Austin, TX 78711			)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instruction:	5)		Employer (See Instructions	s)		
	Date 06/24/2025	Full name of contributor Ramirez, Rene Contributor address; City; S Edinburg, TX 78539	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions Pathfinder Public Affairs			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 9/75	
2	FILER NAME Campos, Eliz	zabeth (The Honorable)		3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 06/24/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$250.00
_		San Antonio, TX 78231				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Sheperd, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
		San Antonio, TX 78217				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions University Health	;)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Southwest Businesses PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78216				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Sutterfield, Kristi Contributor address; City; State; Zip Code San Antonio, TX 78258	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions GSABA	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Assoc PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 10/75	
2	FILER NAME Campos, Eliz	zabeth (The Honorable)		3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 06/24/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID# Texas Orthopaedic PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3,000.00
_	Deinsinal assu	Austin, TX 78701	C Francisco (Coo Instructions	Ţ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID# Texas Trial Lawyers Assoc. PAC Contributor address; City; State; Zip Code  Austin, TX 78701	:)	•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID# The Posey Law Firm  Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID# The San Antonio Chapter of AGC PAC Contributor address; City; State; Zip Code San Antonio, TX 78216	<u>:</u> )		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID# USAA Employee Political Action Committee Contributor address; City; State; Zip Code  San Antonio, TX 78288			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	LE <b>A1</b>	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 11/75	
2	FILER NAME Campos, Eliz	NAME os, Elizabeth (The Honorable)		3	Filer ID (Ethics Commission 00084192	on Filers)
4	Date 06/24/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	San Antonio, TX 78269 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation / 300 title (See Instituctions)	2 Employer (See Instructions	,		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Vexlar, Jordan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78212				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions MM&R San Antonio	)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas BW-PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_Zachry, David S.  Contributor address; City; State; Zip Code  San Antonio, TX 78265			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Zachary Corporation	)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Guide explains how to co	nplete this form.  1 Total pages Schedule A2: Sch: 1/2 Rpt: 12/75			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Campos, Elizabeth (The Honorable)	00084192			
4				
TOTAL OF UNITEMIZED IN-KIND POLITICA	L CONTRIBUTIONS \$ 0.00			
5 Date 6 Full name of contributor out-of-s	tate PAC (ID#:)  8 Amount of 9 In-kind contribution contribution (\$) description			
06/30/2025 Campos, Lorena	contribution (\$) description \$380.00   Fundraising			
7 Contributor address; City; State; Zip C	ode I			
	i			
A				
Austin, TX 78702	Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL)				
Public Relations	Campos Consulting			
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOF	R JUDICIAL)			
Date Full name of contributor out-of-s	tate PAC (ID#:) Amount of In-kind contribution			
06/24/2025 Denham, Norma	contribution (\$) description \$500.00   Fundraising			
Contributor address; City; State; Zip C	ode I			
	i			
Con Antonio TV 70247				
San Antonio, TX 78247	Check if travel outside of Texas. Complete Schedule T.  See instructions) Employer (FOR NON-JUDICIAL) (See instructions)			
Principal occupation / Job title (FOR NON-JUDICIAL) ( Fundraiser	See instructions)			
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's principal occupation (FOR SODICIAL)	Contributor's job title (POR GODICIAL) (Gee instructions)			
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
Contributor's employer/law limit (FOR SODICIAE)	Law littl of contributor's spouse (if any) (if on sobjective)			
If contributor is a child, law firm of parent(s) (if any) (FOF				
in contributor is a criffic, law little of parent(s) (if any) (FOR	(JODICIAL)			
l I	tate PAC (ID#:) Amount of In-kind contribution contribution (\$) description			
06/23/2025 Ingersoll, Deborah (Mrs.)				
Contributor address; City; State; Zip C	ASSOCIATION DUILDING /			
	Room for Fundraiser			
Austin, TX 78729	maxi			
	Check if travel outside of Texas. Complete Schedule T.  See instructions) Employer (FOR NON-JUDICIAL) (See instructions)			
Fundraiser	Self-Employed			
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor 3 principal occupation (1 ON SOBICIAE)	Continuation 3 job title (1 ON 30DIGIAL) (See institutions)			
Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
(. 51. 655.67.12)				
If contributor is a child, law firm of parent(s) (if any) (FOF	I R JUDICIAL)			
(1 Or	/			

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 13/75 3 Filer ID (Ethics Commission Filers) FILER NAME Campos, Elizabeth (The Honorable) 00084192 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 06/30/2025 Matula, Kevin \$174.21 Centre Club 7 Contributor address; City; State; Zip Code Food/Beverages San Antonio, TX 78215 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) **Government Relations USAA** 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 06/30/2025 Salinas, JD \$174.21 I Centre Club Contributor address; City; State; Zip Code Food/Beverage McAllen, TX 78504 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) **Government Relations** Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLE	DGED CONTRIBUT	TONS			SCHEDULE	В
Т	he Instruction Guide expl	1	1 Total pages Schedule B: Sch: 1/1 Rpt: 14/75			
2 FILER N.	AME s, Elizabeth (The Honorable)	3				
4	OF UNITEMIZED PLEDGE	 ES			\$	0.00
<b>5</b> Date	Oate  6 Full name of pledgor  Out-of-state PAC (ID#:			Amount of pledge (\$)  9 In-kind description (If applicable)		
10 Principal	occupation / Job title (See Instruct	tions)	11 Employer (Coo Inch	[	Check if travel outside of Texas. Complete School	edule T
<b>10</b> Рипсіраї	occupation / Job title (See Instruc	lions)	11 Employer (See Inst	tructi	ions)	

LOANS	SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 15/75
2 FILER NAME Campos, Elizabeth (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084192
4 TOTAL OF UNITEMIZED LOANS	\$ 0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial institution?  8 Lender address; City; State; Zip Code	10 Interest Rate
	11 Maturity Date
12 Principal occupation / Job title (See Instructions)       13 Employer (See Instructions)	instructions)
14 Description of Collateral  None  15 Check if person.	al funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)
not applicable 18 Guarantor address; City; State; Zip Code	
20 Principal occupation 21 Employer (See	Instructions)

#### 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/60 Rpt: 16/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	02/11/2025	AT&T Payment
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$311.79	1 Dali Blvd
		St. Petersburg, FL 33701
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
		Monthly Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	03/05/2025	AT&T Payment
	Amount (\$)	Payee address; City; State; Zip Code
	\$415.56	1 Dali Blvd
		St. Petersburg, FL 33701
	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  Monthly Fee
		Montally 1 de
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
	Date	Payee name
	04/01/2025	AT&T Payment
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.69	1 Dali Blvd
		St. Petersburg, FL 33701
	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  Monthly Fee
		Worldhy 1 CC
	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 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: 2/60 Rpt: 17/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	04/06/2025	AT&T Payment
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$295.73	1 Dali Blvd
		St. Petersburg, FL 33701
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
		Monthly Fee
		monuny i ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
T	Date	Payee name
	04/27/2025	AT&T Payment
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.10	1 Dali Blvd
		St. Petersburg, FL 33701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Monthly Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/07/2025	AT&T Payment
	Amount (\$)	Payee address; City; State; Zip Code
	\$311.91	1 Dali Blvd
		St. Petersburg, FL 33701
	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  Monthly Fee
		Wionany Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

### 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		Gift/Awards/Memorials Expense Printing E mmittee Legal Services Salaries/		nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)		
	Credit Card Payment		The Instruction Guide explains how to co	omple	lete this form.		
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 3/60 Rpt: 18/75		Campos, Elizabeth (The Honorable)		00084192		
4	Date	5	Payee name				
	05/25/2025		AT&T Payment				
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode			
	\$159.87		1 Dali Blvd				
			St. Petersburg, FL 33701				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Taxon Complete Schedule T		
	EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
					Monthly Fee		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sou	ught	Office held		
	experiditure to beliefit C/OI	''					
	Date		Payee name				
	06/06/2025		AT&T Payment				
	Amount (\$)		Payee address; City; State; Zip Co	ode			
	\$369.02		1 Dali Blvd				
			Ct. Data value El 20704				
		L.	St. Petersburg, FL 33701	T			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE		Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense		
					Monthly Fee		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ught	Office held		
	Date		Payee name				
	01/05/2025		AT&T Payment				
	Amount (\$) \$311.79		Payee address; City; State; Zip Co 1 Dali Blvd	oae			
	ф311.79		1 Dali Bivu				
			St. Petersburg, FL 33701				
	PURPOSE	(2)		(b)	) Description		
	OF	(۵)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(5)	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin, TX, officeholder living expense		
					Monthly Fee		
	Complete ONLY if alian-t	<u>L</u>	Condidate/Officeholder page	labt.	Office hald		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sou	ugnt	t Office held		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

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/Mem Legal Services	·		ages	s/Contract Labor	Travel Out of Di OTHER (enter a	strict a category not listed above)
		-		on Guide explains	s how to con	nple			
1	Total pages Schedule F1:	l					3		(Ethics Commission Filers)
	Sch: 4/60 Rpt: 19/75	Campo	s, Elizabeth (The	e Honorable)				00084192	
4	Date	<b>5</b> Payee r	name						
	05/19/2025	Aloft A	ustin						
6	Amount (\$)	7 Payee a	address; City;	State	e; Zip Coo	de			
	\$36.93	109 E.			•				
	400.00								
			T)/ 70704						
_			TX 78701		-				
8	PURPOSE OF		y (See Categories liste		chedule)	(b)	Description		
	EXPENDITURE	Food/E	severage Expens	е				tside of Texas. Con X, officeholder livin	
							Campaign Foo		g expense
							Campaign	a/Develage	
_	0 1: 01   1/1/1/1	0 "1.	10111		0			011111	
9	Complete ONLY if direct expenditure to benefit C/OI		e/Officeholder nam	e	Office soug	ght		Office h	eld
	Date	Payee r	name						
	01/16/2025	Amazo	n						
	Amount (\$)	Payee a	address; City;	State	e; Zip Coo	de			
	\$516.32	410 Te	rry Avenue North	Seattle					
		North S	Seattle, WA 9810	9					
	PURPOSE	(a) Catego	y (See Categories liste	d at the top of this sc	chedule)	(b)	Description		
	OF EXPENDITURE		Overhead/Rental				Check if travel out	tside of Texas. Con	nplete Schedule T.
	EXI ENDITORE						_	X, officeholder living	g expense
							Office Supplies	3	
	Complete ONLY if direct expenditure to benefit C/OI		e/Officeholder nam	е	Office soug	ght		Office h	eld
	Date	Payee r	name						
	02/28/2025	Amazo	n						
	Amount (\$)	Payee a	address; City;	State	e; Zip Coo	de			
	\$113.41	1	rry Avenue North						
	¥2202		, ,	. 0000					
		North (	Soottle MAA 0010	0					
		NOTUL	Seattle, WA 9810	9 	í				
	PURPOSE OF	(a) Categoi	y (See Categories liste	d at the top of this sc	chedule)	(b)	Description		
	EXPENDITURE	Office	Overhead/Rental	Expense				tside of Texas. Com	
							ш	X, officeholder living	g expense
							Office Supplies	•	
	Complete ONLY if direct expenditure to benefit C/OI		e/Officeholder nam	е	Office soug	ght		Office h	eld

### 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	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: 5/60 Rpt: 20/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/09/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$402.24	410 Terry Avenue North Seattle
		North Seattle, WA 98109
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
		Office Supplies
		C.mos Cappinos
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/01/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.40	410 Terry Avenue North Seattle
		North Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/15/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.61	410 Terry Avenue North Seattle
		North Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Supplies
		Cindo Gappinos
	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 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: 6/60 Rpt: 21/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	01/10/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.56	410 Terry Avenue North Seattle
		North Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Cinice Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	01/25/2025	Apple
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
	Ψ3.33	17pper an way
		Cupertino, CA 95014
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly Fee
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/21/2025	Apple
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Monthly Fee
		Wionany 1 CC
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		
ı		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

mbursement Solicitation/Fundraising Expense
al Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of 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: 7/60 Rpt: 22/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/21/2025	Apple
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Monthly Fee
		Montally 1 cc
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	04/21/2025	Apple
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
	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
		Monthly Fee
		Montally 1 cc
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
L		
	Date	Payee name
L	05/21/2025	Apple
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Monthly Fee
	0 1. 5	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to beliefit 6/01	•

### SCHEDULE F1

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

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

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	omplete this form.		
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 8/60 Rpt: 23/75	Campos, Elizabeth (The Honorable)		00084192	
4 Date	5 Payee name		•	
06/21/2025	Apple			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$9.99	1 Apple Park Way			
	Cupertino, CA 95014			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	_	outside of Texas. Com n, TX, officeholder living	
		Monthly Fee		g expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>ı</u> ught	Office he	eld
expenditure to benefit C/0	)H			
Date	Payee name			
06/13/2025	B&B Smokehouse			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$60.64	2619 Pleasanton Road			
	San Antonio, TX 78229			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense	ı <b>⊢</b>	outside of Texas. Com	
		. —	n, TX, officeholder living Dod/Beverage	g expense
		Campaign	Jou/Deverage	
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u>	Office he	eld
expenditure to benefit C/C		-9		
Date	Payee name			
03/31/2025	Bobbie's Caf			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$151.18				
	, , , , , , , , , , , , , , , , , , , ,			
	San Antonio, TX 78229			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Food/Beverage Expense		outside of Texas. Com	plete Schedule T.
EXPENDITURE			n, TX, officeholder living	g expense
		Campaign Fo	ood/Beverage	
		<u> </u>		
Complete ONLY if direct expenditure to benefit C/0	Candidate/Officeholder name Office sou OH	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 Salaries/Mages/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total nagga Cabadula 51:	
1	Total pages Schedule F1: Sch: 9/60 Rpt: 24/75	2 FILER NAME Campos, Elizabeth (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084192
4	Date	5 Payee name
	03/10/2025	Campos, Anna
	03/10/2023	
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	2602 Hiawatha
		San Antonio, TX 78210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Community Giveaway / Hams
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	02/13/2025	Campos, Elizabeth
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1028 Rigsby
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Loan Repayment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/02/2025	Campos, Henry
-	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	1028 Rigsby
	φοσο.00	1020 ( Nguy
		0 4 4 5 70 7000
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	- <del>-</del>	Check if Austin, TX, officeholder living expense
		New Capitol Office / Moving Expense
	Computate ONU V & diver	Condidate/Officeholder page Office pought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 10/60 Rpt: 25/75	Campos, Elizabeth (The Honorable)	00084192
4	Date	5 Payee name	
	01/20/2025	Campos, Henry	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	1028 Rigsby	
		San Antonio, TX 78210	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Traver out or District	le of Texas. Complete Schedule T. officeholder living expense
			Moving Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH .	
	Date	Payee name	
	02/08/2025	Campos, Henry	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.00	1028 Rigsby	
		San Antonio, TX 78210	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	T Office Overficad/Nertical Expense	le of Texas. Complete Schedule T. officeholder living expense
		· · · · · · · · · · · · · · · · · · ·	office / Maintenance
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	01/13/2025	Campos, Joe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	1035 Rigsby	
		San Antonio, TX 78210	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Thaver out of District	le of Texas. Complete Schedule T.
			officeholder living expense  Moving Expense
		, activities and	g <u>_</u> pss
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
ı			

### 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: 11/60 Rpt: 26/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	02/28/2025	Campos, Joe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,300.00	1035 Rigsby
		San Antonio, TX 78210
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 Sign Storage
		Sign Storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	David and a second a second and
		Payee name
	06/17/2025	Campos, Joe
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1035 Rigsby
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Austin Housing / Moving Expense
		Austin Housing / Moving Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Davisa sama
	Date 05/08/2025	Payee name  Capital Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$437.74	1400 Congress
		Austin, TX 78701
	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
		Session Gifts
		OCCOSION ONLS
_	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 co	omple	lete this form.	
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission F	ilers)
	Sch: 12/60 Rpt: 27/75		Campos, Elizabeth (The Honorable)		00084192	
4	Date	5	Payee name			
	02/12/2025		Capparelli's			
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode		
	\$134.52		3857 Southcross			
			San Antonio, TX 78223			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.	
					Check if Austin, TX, officeholder living expense  Campaign Food/Beverage	
					Campaign 1 Cour Develage	
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	l Jaht	Office held	
	expenditure to benefit C/O		5 S	.g		
_	Date	Т	Payee name			
	02/01/2025		Casa Catrina			
	Amount (\$)	┢	Payee address; City; State; Zip Co	ode		
	\$95.93		515 Villita	Juo		
	400.00		olo viinta			
			San Antonio, TX 78205			
	DUDDOCE	(0)		(h)		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(D)	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Food/Beverage Expense		Check if Austin, TX, officeholder living expense	
					Campaign Food/Beverage	
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	Office held	
	expenditure to benefit C/OI	н				
	Date		Payee name			
	04/26/2025		Chevron			
	Amount (\$)		Payee address; City; State; Zip Co	ode		
	\$42.12		1200 N. Lamar			
			Austin, TX 78701			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	) Description	
	OF EXPENDITURE		Travel In District		Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE				Check if Austin, TX, officeholder living expense	
					Gas	
_	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office sou	laht	Office held	
	expenditure to benefit C/O		Januard Mille Sul	agrit	. Office field	
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

	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: 13/60 Rpt: 28/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	06/03/2025	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$67.82	2819 South New Braungels
		San Antonio, TX 78223
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 Food/Beverage
		Campaight Courseverage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		Г
	Date	Payee name
	02/12/2025	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.99	727 McCullough
		San Antonio, TX 78229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gas
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/12/2025	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.41	5130 N. Loop 1604 West
		San Antonio, TX 78259
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Gas
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientare to benefit Gree	

### 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: 14/60 Rpt: 29/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	05/05/2025	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.39	1901 S. New Braunfels
		San Antonio, TX 78223
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Gas
		Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davios nama
	06/05/2025	Payee name Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.39	1901 S. New Bruanfels
	Ψ31.39	1901 S. New Diddiles
		Can Antonia TV 70222
	DUDD005	San Antonio, TX 78223
	PURPOSE OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiditure to berieff C/Or	
	Date	Payee name
	06/17/2025	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.64	1901 S. New Bruanfels
		San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
H	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 co	omple	olete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/60 Rpt: 30/75		Campos, Elizabeth (The Honorable)		00084192
4	Date	5	Payee name		
	06/26/2025		Circle K		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$48.92		1901 S. New Braunfels		
			San Antonio, TX 78223		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					Gas
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office soi	<u>I</u> uaht	t Office held
	expenditure to benefit C/O			3	
H	Date	П	Payee name		
	01/12/2025		Circle K		
_	Amount (\$)	H	Payee address; City; State; Zip C	ode	•
	\$35.00		1901 S. New Braunfels		
			San Antoni, TX 78223		
	PURPOSE	(a)		(b)	) Description
	OF	("	Category (See Categories listed at the top of this schedule)  Travel In District	(")	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Travor in Bloanet		Check if Austin, TX, officeholder living expense
					Gas
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ught	t Office held
	Date		Payee name		
	01/20/2025		Con Amor Cocina		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$118.14		2314 Steve Ave		
			San Antonio, TX 78210		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	) Description
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					Campaign Food/Beverage
	Complete ONLY if direct		Candidate/Officeholder name Office soil	ught	t Office held
	expenditure to benefit C/O	Н		-	
1					

### 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 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1: Sch: 16/60 Rpt: 31/75		ommission Filers)
4	Date 01/26/2025	5 Payee name Con Amor Cocina	
6	Amount (\$) \$40.36		
8	PURPOSE OF EXPENDITURE	San Antonio, TX 78210  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Campaign Food/Beverage	ile T.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date 03/01/2025	Payee name Con Amor Cocina	
	Amount (\$) \$72.27	Payee address; City; State; Zip Code 2314 Steve Ave  San Antonio, TX 78210	
	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 Check if Austin, TX, officeholder living expense Campaign Food/Beverage	lle T.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held  OH	
	Date 03/23/2025	Payee name Con Amor Cocina	
	Amount (\$) \$109.37	Payee address; City; State; Zip Code 2314 Steve Ave	
		San Antonio, TX 78210	
	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 Check if Austin, TX, officeholder living expense Campaign Food/Beverage	T.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held DH	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Le	gal Services ne Instruction Guide ex	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 17/60 Rpt: 32/75	Campos, Eliza	abeth (The Honora	ble)				00084192		
4	Date	5 Payee name								
	04/22/2025	Con Amor Co	cina							
6	Amount (\$)	7 Payee address:	City;	State; Zip C	ode					
	\$165.30	2314 Steve A	ve							
		San Antonio,	TX 78210							
8	PURPOSE OF		Categories listed at the top of	of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beverag	le Expense			_		de of Texas. Com officeholder living		
						Campaign Fo			i experise	
						Campaign	,,,	Dovolago		
9	Complete ONLY if direct	Candidate/Office	holder name	Office so	<u>l</u> ught			Office he	eld	_
	expenditure to benefit C/OI	1			J					
	Date	Payee name								=
	05/02/2025	Con Amor Co	cina							
	Amount (\$)	Payee address;	City;	State; Zip C	ode					_
	\$16.73	2314 Steve A	ve							
		San Antonio,	TX 78210							
	PURPOSE OF	(a) Category (See	Categories listed at the top of	of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beverag	le Expense					de of Texas. Com officeholder living		
						Campaign Fo			гелрепас	
	Complete ONLY if direct	Candidate/Office	holder name	Office so	<u>l</u> ught			Office he	eld	-
	expenditure to benefit C/O	1								
	Date	Payee name								=
	01/03/2025	Con Amor Co	cina							
	Amount (\$)	Payee address;	City;	State; Zip C	ode					
	\$57.57	2314 Steve A		•						
		San Antonio,	TX 78210							
	PURPOSE	(a) Category (See (	Categories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beverag	e Expense					de of Texas. Com		
						Campaign Fo		officeholder living	expense	
						Campaign F0	JUU	rbeverage		
$\vdash$	Complete ONLY if direct	Candidate/Office	holder name	Office so	l uaht			Office he	eld	_
	expenditure to benefit C/O			2 33 300	J			200 //0		

#### 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/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: 18/60 Rpt: 33/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	01/06/2025	Con Amor Cocina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.36	2314 Steve Ave
		San Antonio, TX 78210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
		Campaign 1 coar 2000 ago
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/16/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$501.14	1601 Trapelo Rd
		Waltham, MA 24510
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Social Media
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	01/31/2025	Cort Furniture
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,237.61	8303 N. MoPax Expy
		Austin, TX 78753
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	X Check if Austin, TX, officeholder living expense
		Austin Housing / Furniture
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 19/60 Rpt: 34/75	2 FILER NAME Campos, Elizabeth (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084192
4	Date	5 Payee name
	02/20/2025	Cort Furniture
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$399.43	8303 N. MoPax Expy
	4000.10	5555 W. M.S. & C. 2. P.)
		Austin, TX 78753
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	X Check if Austin, TX, officeholder living expense
		Austin Housing / Furniture
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	03/05/2025	Cort Furniture
	Amount (\$)	Payee address; City; State; Zip Code
	\$677.73	8303 N. MoPax Expy
		Austin, TX 78753
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin Housing / Furniture
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
	Date	Payee name
	04/03/2025	Cort Furniture
	Amount (\$)	Payee address; City; State; Zip Code
	\$677.73	8303 N. MoPax Expy
		Austin, TX 78753
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense  Austin Housing / Furniture
		Austin Housing / Furniture
_	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	OAPCHARAGE TO DETICITE C/OI	<u> </u>

#### 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			Gift/Awards/Memoria Legal Services	is Expense	Salaries/M		e /Contract Labor		OTHER (enter	a category not listed abov	e)
	Credit Card Payment			The Instruction (	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	r Filers)
	Sch: 20/60 Rpt: 35/75		Campos, Eli	zabeth (The H	lonorable)					00084192		
4	Date	5	Payee name					•				
	05/04/2025 Cort Furniture											
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	de					
	\$677.73		8303 N. Mol	Рах Ехру								
			Austin, TX 7	8753								
8	PURPOSE	(a)		e Categories listed at			(b)	Description				
	OF	(-,	Travel Out o		tne top of this sch	edule)	(~)	`	outsio	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			2.55				X Check if Austin,	TX,	officeholder livin	g expense	
								Austin Housir	ng/	Furniture		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	experialitate to beliefit C/Oi											
	Date		Payee name									
	06/04/2025		Cort Furnitui	re								
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de					
	\$677.73		8303 N. Mol	Рах Ехру								
			Austin, TX 7	8753								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out o	of District				=			nplete Schedule T.	
								X Check if Austin, Austin Housir		officeholder livin	g expense	
								Austin Housii	ıg /	Turriture		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI		74.14.44.67			J00 00u	9			<b>5</b> 55	0.0	
-	Date	Π	Payee name									
	01/03/2025		Cort Furnitu	re								
	Amount (\$)		Payee addres		State:	; Zip Co	da					
	\$677.73		8303 N. Mol	-	Siale,	, Zip Co	ue					
	Ψ011.13		0000 14. 14101	их шхру								
			Austin, TX 7	0752								
	DUDDOOF	(-)					(I-)					
	PURPOSE OF	(a)	Travel Out o	e Categories listed at	the top of this sch	edule)	(a)	Description  Check if travel of	outsio	de of Texas, Cor	nplete Schedule T.	
	EXPENDITURE		Travel Out 0	II DISTIICT				ш		officeholder livin		
								Austin Housir	ng/	Furniture		
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
L	expenditure to benefit C/OH											

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 21/60 Rpt: 36/75	Campos, Elizabeth (The Honorable)	00084192							
4	Date	5 Payee name								
	05/02/2025	Cortez Liquid								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$540.76	19540 S. US Highway								
		San Antonio, TX 78239								
8	PURPOSE OF	, ,	Description  Check if travel outside of Tourse, Complete Schedule T							
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
			Office Supplies							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/Ol	1								
	Date	Payee name								
	03/01/2025	Current Revolt								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$8.00	P.O. Box 560671								
		Austin, TX 78701								
	PURPOSE OF	,	Description  Check if travel outside of Tourse, Complete Schedule T							
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
			Office Supplies							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	experioration to benefit C/O	1								
	Date	Payee name								
	04/29/2025	Current Revolt								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$8.00	P.O. Box 560671								
		Avertic TV 70704								
		Austin, TX 78701								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Office Overfleau/Refital Expense	Check if Austin, TX, officeholder living expense							
			Office Supplies							
	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

	Candidate/Officeholder/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: 22/60 Rpt: 37/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	06/29/2025	Current Revolt
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.00	P.O. Box 560671
		Austin, TX 78701
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
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>'</del>
	Date	Payee name
	06/21/2025	Denham, Norma
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	15706 Knollcliff
		San Antonio, TX 78247
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
		Campaign Food Deverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/08/2025	Direct TV
	Amount (\$)	Payee address; City; State; Zip Code
	\$209.06	2260 E. Imperial
		El Segundo, CA 90245
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense Office Phone internet
		Office Phone Internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

### SCHEDULE F1

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

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

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: 23/60 Rpt: 38/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/08/2025	Direct TV
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$92.00	2260 E. Imperial
		El Segundo, CA 90245
8	PURPOSE OF	(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
		Office Phone internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/O	
_	Date	Davies same
	04/08/2025	Payee name Direct TV
	Amount (\$)	Payee address; City; State; Zip Code
	\$251.75	2260 E. Imperial
		El Segundo, CA 90245
	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 Office Phone internet
		Office Friend Manner
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	Para and a second secon
	Date 05/08/2025	Payee name  Direct TV
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.00	2260 E. Imperial
		El Segundo, CA 90245
	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 Office Phone internet
_	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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 24/60 Rpt: 39/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	06/08/2025	Direct TV
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$92.00	2260 E. Imperial
		El Segundo, CA 90245
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
		Office Phone internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	
	01/08/2025	Payee name Direct TV
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.00	2260 E. Imperial
		San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Office Phone internet
		Office Frione internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/03/2025	DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.09	303 2nd Street
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
		Campaign Food/Beverage
	Operation ONLY if direct	Our Midde (Office helder grows
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

### 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 Legal Services

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

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)
l	Sch: 25/60 Rpt: 40/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	02/15/2025	Dusty's Flowers
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$166.19	26 Burwood
l		
l		San Antonio, TX 78229
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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Office Supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
l	Date	Payee name
	03/11/2025	Dusty's Flowers
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$192.66	26 Burwood
		San Antonio, TX 78229
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Gift/Awards/Memorials Expense
		. Check if Austin, TX, officeholder living expense  Funeral Flowers
		Fulleral Flowers
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
l	Date 03/14/2025	Payee name ETSY
L		
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$148.90	1569 Adams Street
l		
		NY, NY 11003
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Office Supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/60 Rpt: 41/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	01/18/2025	East End Glass
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$166.71	1870 Rigsby
		San Antonio, TX 78210
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 Office Supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Dete	
	Date	Payee name
	05/08/2025	Ebay
	Amount (\$)	Payee address; City; State; Zip Code
	\$218.72	2535 North First St.
		San Jose, CA 95125
	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  Session Gifts
		Session Ones
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	Davies same
	Date 03/12/2025	Payee name FEDEX
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.36	7900 Legacy Drive
L		Plano, TX 78621
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office Supplies
		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 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/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: 27/60 Rpt: 42/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	04/02/2025	FEDEX
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.19	7900 Legacy Drive
		Plano, TX 78621
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 Office Supplies
		Cinice Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	01/29/2025	FTD Flowers
H	Amount (\$)	Payee address; City; State; Zip Code
	\$91.95	3113 Woodcreek
		Downers Grove, IL 60515
	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
		Funeral Flowers
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/02/2025	Fennell, Sofia
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6100 Chictora Cv
		Austin, TX 78759
	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
		Internship
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
$\vdash$		
ı		

### 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 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: 28/60 Rpt: 43/75	Campos, Elizabeth (The Honorable) 00084192	
4	Date	5 Payee name	
	05/04/2025	First Baptist Church	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	515 Mccullough	
		San Antonio, TX 78215	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee	
		Contribution	
_	0 1: 0 11 1 1		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/02/2025	Fixe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$142.31	500 W. 5th Street	
		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  Campaign Food/Beverage	
		Campaight 600/Beverage	
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/01/2025	Freytags	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$151.45	2211 W. Anderson Loop	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Campaign Food/Beverage	
	Complete ONLY if allowers	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 -

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: 29/60 Rpt: 44/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	06/02/2025	Garcia, Alex
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	180 Feathergrassce
		Buda, TX 78610
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  Internship
		internanip
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	01/22/2025	Godaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.32	2155 E. GoDaddy Way
		Tempe, AZ 85284
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Computers/Software
		Computers/Software
	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
	02/22/2025	Godaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.44	2155 E. GoDaddy Way
		Tempe, AZ 85284
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Computers/Software
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 6/01	•

### 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: 30/60 Rpt: 45/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/16/2025	Godaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.32	2155 E. GoDaddy Way
		Tempe, AZ 85284
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Computers/Software
		Computers/Software
Ļ	0 1: 0:::::::::::::::::::::::::::::::::	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	
	Date	Payee name
	03/22/2025	Godaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.44	2155 E. GoDaddy Way
		Tempe, AZ 85284
	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
		Computers/Software
	2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/22/2025	Godaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.44	2155 E. GoDaddy Way
		Tempe, AZ 85284
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Computers/Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/60 Rpt: 46/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	05/22/2025	Godaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.44	2155 E. GoDaddy Way
		Tempe, AZ 85284
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Computers/Software
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/21/2025	Godaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.44	2155 E. GoDaddy Way
		Tempe, AZ 85284
	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  Computers/Software
		Computers/Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Davies same
	04/02/2025	Payee name Gonzalez, Arthur John
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	2606 Hiawatha
		San Antonio, TX 78223
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Computers/Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

### 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: 32/60 Rpt: 47/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	02/02/2025	Google G Suite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.01	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
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  Computers/Software
		Computers/Contware
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	03/02/2025	Google G Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZAI ZHBITORZ	Check if Austin, TX, officeholder living expense
		Computers/Software
	Compulate ONLY if direct	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	04/02/2025	Google G Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Computers/Software
	0 1. 0	
	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 Event Expense Fees

Contributions/ Donations Made By -

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 33/60 Rpt: 48/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	05/02/2025	Google G Suite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
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  Computers/Software
		Computers/Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	06/02/2025	Google G Suite
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
	Ψ13.33	1000 Amphiliteatie i kwy
		Mountain View, CA 94043
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Computers/Software
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
L	01/01/2025	Google G Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	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
		Computers/Software
$\vdash$	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 -

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	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: 34/60 Rpt: 49/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	01/18/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.90	4100 S. New Braunfels
		San Antonio, TX 78223
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  Office Food/Beverage
		Since i oba/Beverage
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/27/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$146.06	4100 S. New Braunfels
		San Antonio, TX 78223
	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  Office Food/Beverage
		Office 1 bourbeverage
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	02/10/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$133.66	4100 S. New Braunfels
		San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Office Food/Beverage
_		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit C/Of	•

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	ils Expense	Salaries/V		e /Contract Labor		OTHER (enter	a category not listed	above)
	orean out a tyment			The Instruction (	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 35/60 Rpt: 50/75		Campos, Eli	izabeth (The F	lonorable)					00084192		
4	Date	5	Payee name									
	02/17/2025		HEB									
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de					
	\$155.58		4100 S. Nev	w Braunfels								
			San Antonio	TX 78223								
8	PURPOSE	(2)					(h)	Description				
ľ	OF	(a)		ee Categories listed a age Expense	t the top of this sc	hedule)	(D)	Description  Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		roou/bever	age Expense						officeholder livin		
								Office Food/E	3ev	erage		
9	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	03/02/2025		HEB									
	Amount (\$)	Г	Payee addres	ss; City;	State	e; Zip Co	de					
	\$323.12		4100 S. Nev	w Braunfels								
			San Antonio	, TX 78223								
	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE			age Expense		,		<b>=</b>			mplete Schedule T.	
	LA LIBITORE							_		officeholder livin	ig expense	
								Office Food/E	sev	erage		
	Opening the ONLY if allowed	<u> </u>				04.	14			O#: I-	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name		Office sou	gnt			Office h	ieia	
	· 	_										
	Date		Payee name									
	03/31/2025		HEB									
	Amount (\$)		Payee addres		State	e; Zip Co	de					
	\$343.00		4100 S. Nev	w Braunfels								
			San Antonio	, TX 78223								
	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense							nplete Schedule T.	
								Office Food/E		officeholder livin	ig expense	
								Jinoc i oou/L	J C V	ciago		
_	Complete ONLY if direct	Ц,	Candidate/Offic	ceholder name		Office sou	aht			Office h	neld	
	expenditure to benefit C/OI		Januala Olli	ocholder Hallie	,	-mcc 30u	9.11			Office II	ioid	

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 36/60 Rpt: 51/75	Campos, Elizabeth (The Honorable) 00084192
4 Date	5 Payee name
04/19/2025	HEB
6 Amount (\$) \$38.29	7 Payee address; City; State; Zip Code 4100 S. New Braunfels San Antonio, TX 78223
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  Office Food/Beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/03/2025	HEB
Amount (\$) \$364.95	Payee address; City; State; Zip Code 4100 S. New Braunfels
	San Antonio, TX 78223
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  Office Food/Beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 06/28/2025	Payee name HEB
Amount (\$)	Payee address; City; State; Zip Code
\$145.41	4100 S. New Braunfels
	San Antonio, TX 78223
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  Office Food/Beverage
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 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		
_			
1	Total pages Schedule F1: Sch: 37/60 Rpt: 52/75	2 FILER NAME Campos, Elizabeth (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084192	
4	Date	5 Payee name	_
	01/12/2025	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$216.64	4100 S. New Braunfels	
		San Antonio, TX 78223	
8	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 Food/Beverage	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	_
	01/01/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	_
	` ,		
	\$100.63	4100 S. New Braunfels	
		San Antonio, TX 78223	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Office Supplies	
		Cinico Supplies	
_			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
H	Date	Davida nama	_
		Payee name	
	01/18/2025	Hello Flowers	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$205.57	407 East Fort Street	
		Detroit, MI 48226	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Funeral Flowers	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

### 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	olete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 38/60 Rpt: 53/75		Campos, Elizabeth (The Honorable)		00084192
4	Date	5	Payee name		
	03/11/2025		Hill Country		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$132.63		10019 IH 35 South		
			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 Office Food/Beverage
					Office 1 oou/Develage
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	llaht	t Office held
	expenditure to benefit C/OI		2	ug	
_	Date	Π	Payee name		
	05/02/2025		Hill Country		
	Amount (\$)	┢	Payee address; City; State; Zip C	ode	<u> </u>
	\$116.81		10019 IH 35 South		
	¥=====				
			Austin, TX 78701		
	PURPOSE	(a)		(h)	) Description
	OF	(")	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Toda/Beverage Expense		Check if Austin, TX, officeholder living expense
					Office Food/Beverage
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ught	t Office held
	- CAPCHARATO TO SOTIONE OF CI				
	Date		Payee name		
	01/08/2025		Hilton Hotels		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$59.54		200 S. Alamo		
			San Antonio, TX 78229		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
					Campaign 1 Course Volage
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/OI			~gt	
ı					

### 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	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 39/60 Rpt: 54/75	Campos, Elizabeth (The Honorable)	00084192
4 Date	5 Payee name	
01/01/2025	Hilton Hotels	
6 Amount (\$)	7 Payee address; City; State; Zip Code	е
\$226.84	200 S. Alamo	
	San Antonio, TX 78229	
8 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.  Check if Austin, TX, officeholder living expense
		Rental Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O		
Date	Payee name	
03/25/2025	Holy Name	
Amount (\$)	Payee address; City; State; Zip Code	e
\$125.00	3814 Nash Blvd.	
	San Antonio, TX 78223	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE	Candidate/Officeholder/Political Committee	Contribution
		Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O	3	it office field
Date	Payee name	
01/04/2025	Home Depot	
Amount (\$)	Payee address; City; State; Zip Code	0
\$92.14	3111 SE Military Drive	5
Ψ32.14	SIII SE Williamy Brive	
	San Antonio, TX 78223	
PURPOSE		b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Cines evenicuaritemaa Expense	Check if Austin, TX, officeholder living expense
		Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt Office held
experientare to benefit 6/0		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/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: 40/60 Rpt: 55/75	Campos, Elizabeth (The Honorable) 00084192	
4	Date	5 Payee name	
	06/02/2025	Hosek, Grace	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	118 Little Lake Rd	
		Hutto, TX 78634	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Internship	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
"	expenditure to benefit C/O		
_	Data		_
	Date 05/24/2025	Payee name  Huntovillo Unit Clooring Fund	
		Huntsville Unit Clearing Fund	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$135.00	815 12th St.	
		Huntsville, TX 77340	
	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	
		Session Gifts	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	_
	06/26/2025	International Centre	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$233.33	111 E. Pecan	
		San Antonio, TX 78259	
	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	
		Campaign Food/Beverage	
L	Complete ONLY if alian-t	Condidate/Officeholder name Office country	_
		Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/O		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense 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

	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: 41/60 Rpt: 56/75	Campos, Elizabeth (The Honorable)	00084192
4	Date	5 Payee name	
	01/26/2025	J Alexander's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$115.47	255 Basse	
		San Antonio, TX 78229	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 1 000/ Develoge Experise	vel outside of Texas. Complete Schedule T.
		ı	stin, TX, officeholder living expense Food/Beverage
		Campagn	1 double verage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	03/16/2025	J Alexander's	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.75	255 E. Basse	
	400.110	200 2. 54000	
		San Antonio, TX 78259	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if trav	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/Develage Expense	stin, TX, officeholder living expense
		Campaign	Food/Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/02/2025	JJP Dog Rescue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	651 N. Broad	
		Middleton, DE 19709	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations water by	vel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Contributio	stin, TX, officeholder living expense
		Contributio	11
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office rigid
l			

#### 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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Ļ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 42/60 Rpt: 57/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
L	06/30/2025	Jaramillo, Leonard
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	330 W Baetz Blvd
		San Antonio, TX 78221
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		July 3rd / Traffic Control
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
L	02/23/2025	Josephine Street
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.05	400 E. Josephine
		San Antonio, TX 78229
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Food/Beverage
		Campaign i oou/Deverage
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/28/2025	LaMargarita
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.34	120 Produce Row
		San Antonio, TX 78239
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
		Campaign 1 000/Deverage
	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	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME		3	Fi	ler ID	(Ethics Commission Filers)
	Sch: 43/60 Rpt: 58/75		Campos, Elizabeth (The Honorable)			00	0084192	
4	Date	5	Payee name		<u> </u>			
	01/08/2025		Marshalls					
6	Amount (\$)	7	Payee address; City; State; Zip	Code				
	\$45.01		4224 S. New Braunfels					
			San Antonio, TX 78223					
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	ide (	of Texas. Com	olete Schedule T.
	EXPENDITORE				Check if Austin, TX,	, off	iceholder living	expense
					Office Supplies			
_	Complete ONLY if direct	<u>L</u>	Candidata/Officabaldar nama Offica a	ought			Office he	uld.
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office s	ougnt			Office he	eiu
		_						
	Date		Payee name					
	01/12/2025		Marshalls					
	Amount (\$)		Payee address; City; State; Zip	Code				
	\$118.04		4224 S. New Braunfels					
			San Antonio, TX 78223					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside			
					Check if Austin, TX, Office Supplies	, OIII	icentilider living	expense
					Office Supplies			
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office s	l ouaht			Office he	eld
	expenditure to benefit C/O			9				
	Date	Т	Payee name					
	06/02/2025		Martinez, Justin					
		$\vdash$	Payee address; City; State; Zip (	^odo				
	Amount (\$) \$500.00		2630 Exposition Blvd, Suite 203	Joue				
	Ψ500.00		2030 Exposition bivd, Suite 203					
			Austin TV 70702					
			Austin, TX 78703	_				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside	ido	of Toyon Com	olata Sahadula T
	EXPENDITURE		Salaries/Wages/Contract Labor		Check if Austin, TX,			
					Internship		J	•
	Complete ONLY if direct		Candidate/Officeholder name Office s	ought			Office he	eld
	expenditure to benefit C/O	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

	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: 44/60 Rpt: 59/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	06/28/2025	Mary Lou's Caf
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.31	4405 McCullough
		San Antonio, TX 78209
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 Food/Beverage
		Campaight oour beverage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	03/07/2025	Mezquite
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.39	221 Newell Ave
		San Antonio, TX 78229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Food/Beverage
		Campaigh Food/Beverage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 03/02/2025	Payee name
		Monarch Trophy
	Amount (\$)	Payee address; City; State; Zip Code
	\$433.00	16227 San Pedro
		San Antonio, TX 78229
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fiesta San Antonio
		i lesta san Antonio
_	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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 45/60 Rpt: 60/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	04/18/2025	Monarch Trophy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,717.93	16227 San Pedro
	•	
		San Antonio, TX 78232
8	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.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Fiesta San Antonio
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/19/2025	Mormando, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	530 Elmhurst Ave
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Social Media
	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/24/2025	Mormando, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	530 Elmhurst Ave
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Social Media
	Operation Children	Overskildete (Office helden manne
	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)

ng Expense Event Expense Loan Repayment/Reimbu

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

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	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: 46/60 Rpt: 61/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/24/2025	Mormando, James
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	530 Elmhurst Ave
		San Antonio, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Social Media
		Social Media
_	Complete ONI V if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	01/17/2025	North Italia
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	West 2nd
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Sus
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Date	Power name
	06/30/2025	Payee name Pena, Emilio
	Amount (\$)	Payee address; City; State; Zip Code
	\$965.00	7310 Westville Dr
		San Antonio, TX 78227
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  July 3rd / Adverstising
		July Jiu / Auversusing
	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 Legal Services 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: 47/60 Rpt: 62/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	04/01/2025	Perlas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$247.32	1400 S. Congress
		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  Office Food/Beverage
		Office 1 bourbeverage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	03/27/2025	Photography
	Amount (\$)	Payee address; City; State; Zip Code
	\$549.00	235 Point Lick Dr.
		Charleston, WV 25306
	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
		Legislative Pictures
		Logislative Fistares
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/17/2025	Pierry Joyce Entertainment LL
_	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	13906 Winding Hill
	φ300.00	13900 Williamy Hill
		Can Antonia TV 70217
	BUDE 2 2 -	San Antonio, TX 78217
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fivent Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		July 3rd / Entertainment
	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 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: 48/60 Rpt: 63/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/04/2025	Pollos Asados
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.76	4642 Rigsby
		San Antonio, TX 78210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Food/Beverage
		Campaigh Food/Beverage
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/21/2025	Rosales, Gabriel
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	231 One Oak Dr
		San Antonio, TX 78228
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Power name
	05/21/2025	Payee name Royal Blue Grocery
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.97	301 Brazos
		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  Office Food/Beverage
		Office I bourbeverage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

### 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	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: 49/60 Rpt: 64/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	01/07/2025	Sam's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$514.42	4223 SE Military
		San Antonio, TX 78223
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 Office Supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	David and the second se
		Payee name
	01/25/2025	San Antonio Express News
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.96	420 Broadway
		San Antonio, TX 78259
	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 Office Supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date 02/22/2025	Payee name
		San Antonio Express News
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.96	420 Broadway
		San Antonio, TX 78259
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		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 Com

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: 50/60 Rpt: 65/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	03/21/2025	San Antonio Express News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.96	420 Broadway
		San Antonio, TX 78259
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 Office Supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<b>—</b>	Data	David and the second se
	Date	Payee name
	04/17/2025	San Antonio Express News
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.96	420 Broadway
		San Antonio, TX 78259
	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 Office Supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 04/19/2025	Payee name
		San Antonio Express News
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.96	420 Broadway
		San Antonio, TX 78259
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		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 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 Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 51/60 Rpt: 66/75	2 FILER NAME Campos, Elizabeth (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084192
4	Date	5 Payee name
	06/08/2025	Sanchez, Isabella
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 1035 Rigsby  San Antonio, TX 78210
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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense  Session Gifts
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/15/2025	Sandy's Burgers
	Amount (\$)	Payee address; City; State; Zip Code
	\$316.88	603 Barton Springs
		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
		Office Food/Beverage
		Cinco i coa/zovolago
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/02/2025	Spectrum VoIP
	Amount (\$)	Payee address; City; State; Zip Code
	\$208.32	2900 Gateway Dr.
		Ste. 620
		Irving, TX 75063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Phone Internet
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
l		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 52/60 Rpt: 67/75	Campos, Elizabeth (The Honorable)	00084192
4	Date	5 Payee name	
	03/02/2025	Spectrum VoIP	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$208.32	2900 Gateway Dr.	
		Ste. 620	
		Irving, TX 75063	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITORE		TX, officeholder living expense
		Office Phone	Internet
_			200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/02/2025	Spectrum VoIP	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$208.32	2900 Gateway Dr.	
		Ste. 620	
		Irving, TX 75063	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Office Phone	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	05/02/2025	Spectrum VoIP	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$208.32	2900 Gateway Dr.	
		Ste. 620	
		Irving, TX 75063	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Office Phone	Internet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	ponditare 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 C

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: 53/60 Rpt: 68/75	Campos, Elizabeth (The Honorable) 00084192
4	Date	5 Payee name
	06/03/2025	Spectrum VoIP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$208.32	2900 Gateway Dr.
		Ste. 620
		Irving, TX 75063
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  Office Phone Internet
	l	Office Filone internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	
	Date	Payee name
	01/03/2025	Spectrum VoIP
	Amount (\$)	Payee address; City; State; Zip Code
	\$208.32	2900 Gateway Dr.
		Ste. 620
		Irving, TX 75063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPLINITIONS	Check if Austin, TX, officeholder living expense
	!	Computers/Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davide name
	04/16/2025	Payee name State Preservation Board
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.00	201 E 14th St Ste 950
		A
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental 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
		New Capitol Office / Maintenance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	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		Legal Services  The Instruction Guide	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	ΙΕ				3	Filer ID	(Ethics Commission Filers)	)
	Sch: 54/60 Rpt: 69/75	Campos, E	Elizabeth (The Hono	rable)				00084192		
4	Date	5 Payee nam	e							
	02/04/2025	State Teja	no Democrats							
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State; Zip C	ode					
	\$3,800.00	909 There	sa Dr							
		Austin, TX	78703							
8	PURPOSE OF		See Categories listed at the to		(b)	Description				
	EXPENDITURE		ons/Donations Made /Officeholder/Politica			=		ide of Texas. Com , officeholder living		
		Carialaate	Omeenolden omie	ar committee		Contribution		•	,	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name								_
	05/19/2025	Sushi Juna								
H	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$119.59	315 Congr	-	эннэ, цр						
		Austin, TX	78701							
	PURPOSE OF	(a) Category (	See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	erage Expense					ide of Texas. Com , officeholder living		
						Office Food/Beverage			,	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
H	Data									
	Date 06/19/2025	Payee name Sushi Zusl								
				Ctata: 7ia C						
	Amount (\$) \$93.70	Payee addr 999 E. Bas		State; Zip C	oae					
	Ф93.70	999 ⊑. Da:	ssee							
		San Anton	io, TX 78229							
	PURPOSE	(a) Category (	See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	erage Expense			ш		ide of Texas. Com		
						Campaign Fo		, officeholder living	j expense	
						-ampaign 10		0.01ug0		
$\vdash$	Complete ONLY if direct	L Candidate/Ωt	ficeholder name	Office so	<u>l</u> uaht			Office he	eld	
	expenditure to benefit C/OI			255 500	- g			200 110		
$\vdash$										

### 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 (Contract Labor,

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		ers)
	Sch: 55/60 Rpt: 70/75	Campos, Elizabeth (The Honorable) 00084192	
4	Date	5 Payee name	
	03/22/2025	Susihana Japan	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$118.51	1810 NW Military Drive	
		San Antonio, TX 78229	
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 Food/Beverage	
		Campaign 1 ood/beverage	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/O		
H	Date	Payee name	
	01/03/2025	Taco Haven	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$116.65	1032 S. Presa	
	Ψ110.03	1002 0.11030	
		San Antonio, TX 78210	
L	DUDDOCE		
	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	
		Campaign Food/Beverage	
L			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit eror	··	
	Date	Payee name	
	01/11/2025	Taco Haven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$38.21	1032 S. Presa	
		San Antonio, TX 78210	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Campaign Food/Beverage	
		Campaign 1 course verage	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
$\vdash$			

### 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 Credit Card I	e/Officeholder/Politica Payment	al Committee Legal Services  The Instruction Guide explains he	Salaries/Wages/Contract Labor ow to complete this form.	OTHER (enter a category not listed above)
1 Total page	s Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 56/6	0 Rpt: 71/75	Campos, Elizabeth (The Honorable)		00084192
4 Date		5 Payee name		
02/06/202	25	Teleflora		
6 Amount (\$)	)	7 Payee address; City; State;	Zip Code	
	\$147.18	11444 W. Olympic		
		Los Angeles, CA 90064		
8 PURPO		(a) Category (See Categories listed at the top of this sched	(b) Description	
OF EXPEND		Gift/Awards/Memorials Expense	<del>_</del>	el outside of Texas. Complete Schedule T.
			Funeral Flow	tin, TX, officeholder living expense
			Fulleral Flor	weis
				200
	<u>ONLY</u> if direct e to benefit C/O		fice sought	Office held
oxportation.				
Date		Payee name		
02/11/202	25	Texas Department of Public Safety		
Amount (\$)	)	Payee address; City; State;	Zip Code	
	\$35.00	5805 N Lamar Blvd		
		Austin, TX 78752		
PURP( OF		(a) Category (See Categories listed at the top of this sched		
EXPEND		Office Overhead/Rental Expense	· · ·	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
			State Plates	
			Oldie Fidice	•
Complete (	ONLY if direct	Candidate/Officeholder name Of		Office held
	e to benefit C/O		nce sought	Office field
5.		T _		
Date	\	Payee name		
01/14/202	<u> </u>	Texas Road House		
Amount (\$)			Zip Code	
	\$62.81	2751 S.E. Military Dr.		
		San Antoni, TX 78223		
PURPO		(a) Category (See Categories listed at the top of this sched	(b) Description	
OF EXPEND		Food/Beverage Expense	· · ·	el outside of Texas. Complete Schedule T.
				tin, TX, officeholder living expense
			Campaign F	Food/Beverage
Committee	OVII V :t =1:+	Condidate/Office helder record	fine counts	Office hald
	<u>ONLY</u> if direct e to benefit C/O		fice sought	Office held
1				

### 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 co	mple	ete this form.			
1	Total pages Schedule F1:	2 F	ILER NAME			3	Filer ID	(Ethics Commission F	-ilers)
	Sch: 57/60 Rpt: 72/75	C	Campos, Elizabeth (The Honor	rable)			0008419	2	
4	Date	<b>5</b> P	ayee name						
	02/02/2025	Т	he Haven Southtown						
6	Amount (\$)	<b>7</b> P	ayee address; City;	State; Zip Co	ode				
	\$37.54	1	032 S Presa St.						
		S	San Antonio, TX 78210						
8	PURPOSE	(a) C	Category (See Categories listed at the top	p of this schedule)	(b)	Description			
	OF EXPENDITURE	F	ood/Beverage Expense			Check if travel out		omplete Schedule T.	
						Campaign Foo			
						Campaign : Co	= 0 1 0 . cg.		
9	Complete ONLY if direct	l Ca	ındidate/Officeholder name	Office sou	l Iaht		Office	held	
	expenditure to benefit C/O				3				
_	Date	Гр	ayee name						
	04/06/2025	1	he Haven Southtown						
	Amount (\$)	P	ayee address; City;	State; Zip Co	ode				
	\$129.95		032 S Presa St.						
	,								
		s	San Antonio, TX 78210						
	PURPOSE	(a) C	Category (See Categories listed at the top	n of this schedule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Expense	p 0. 1.110 00.110ua.10)		Check if travel ou		omplete Schedule T.	
	EXPENDITORE					Check if Austin, 1			
						Campaign Foo	od/Beverage		
	Complete ONLY if direct		ındidate/Officeholder name	Office sou	l abt		Office	hold	
	expenditure to benefit C/O		indidate/Onicendider name	Office sou	igni		Office	neiu	
_	Data								
	Date 01/10/2025	1	ayee name The Home Store						
				Otata: 7in Oa	-1-				
	Amount (\$)	1	Payee address; City;	State; Zip Co	oae				
	\$158.06	+	San Antonio						
			Con Antonio TV 70000						
		l	San Antonio, TX 78229						
	PURPOSE OF		Category (See Categories listed at the top	p of this schedule)	(b)	Description  Check if travel out	tside of Texas C	omplete Schedule T.	
	EXPENDITURE		ood/Beverage Expense			Check if Austin, 1			
						Campaign Foo	d/Beverage	9	
	Complete ONLY if direct		ndidate/Officeholder name	Office sou	ght		Office	held	
L	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 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: 58/60 Rpt: 73/75	Campos, Elizabeth (The Honorable) 00084192							
4	Date	5 Payee name							
	04/04/2025	The Tox Austin							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$457.97	360 Nueces St.							
		Austin, TX 78701							
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							
		Office Supplies							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
F	Date	Payee name							
	01/05/2025	The Whitley							
H	Amount (\$)	Payee address; City; State; Zip Code							
	\$327.23	307 Brazos							
		Austin, TX 78701							
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.							
		☐ Check if Austin, TX, officeholder living expense  Austin Housing							
		7 dadii Hodaing							
┝	Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OH								
F	Date	Payee name							
	06/02/2025	Virgin, Carolina							
H	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	24903 Birdies Green							
		San Antonio, TX 78260							
H	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 Internship							
		internanip							
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
一									
ı									

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·								
	Sch: 59/60 Rpt: 74/75	Campos, Elizabeth (The Honorable) 00084192								
4	Date	5 Payee name								
	01/13/2025	Walker, Sonya								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$200.00	346 Senova Dr								
		San Antonio, TX 78216								
8	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								
		Contribution								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
9	expenditure to benefit C/OI									
_	5.									
	Date	Payee name								
	06/06/2025	Walker, Sonya								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$300.00	346 Senova Dr								
		San Antonio, TX 78216								
	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								
		Contribution								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	· ·								
_	Date	Dayso name								
	06/06/2025	Payee name Walker, Sonya								
		· · · · · · · · · · · · · · · · · · ·								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$300.00	346 Senova Dr								
		San Antonio, TX 78216								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Candidate/Officeriolide//Folitical Committee Contribution								
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	<b>U</b>								
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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Comr	Gift mittee Leg	/Awards/Memorials E gal Services le Instruction Guid			ense ges/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed	above)
1	Total pages Schedule F1: Sch: 60/60 Rpt: 75/75			beth (The Hon	orable)			3	Filer ID 00084192	(Ethics Commi	ssion Filers)
4	Date 01/02/2025	5 F	Payee name Whitley Apartn		·						
6	Amount (\$) \$3,940.00	3	Payee address; 301 Brazos Austin, TX 787	City; 701	State;	Zip Cod	е				
8	PURPOSE OF EXPENDITURE		Category <sub>(See C</sub> Fravel Out of E	ategories listed at the District	top of this sche	edule) (		in, TX,	ide of Texas. Com		
9	Complete ONLY if direct expenditure to benefit C/O	Cá H	andidate/Officeh	nolder name	C	Office soug	nt		Office he	eld	