

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM SPAC  
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00068678	2 Total pages filed: 156			
3 COMMITTEE NAME Friends of Donna Campbell			<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/15/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged				
4 COMMITTEE ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1308 Common Street Ste 205 Box 719  New Braunfels, TX 78130							
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST John	MI				
	NICKNAME .....	LAST Steen	SUFFIX				
6 CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1 E. Greenway Plz., Ste. 225  Houston, TX 77046		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; 1 E. Greenway Plz., Ste. 225  Houston, TX 77046						
8 CAMPAIGN TREASURER PHONE	AREA CODE (713) 526-3399	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15		<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED	Month 07/01/2025	Day	Year	THROUGH	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special				

**GO TO PAGE 2**

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Friends of Donna Campbell		<b>13 FILER ID</b> (Ethics Commission Filers) 00068678
<b>14 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input checked="" type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> Candidate	CANDIDATE / OFFICEHOLDER NAME Donna Campbell
	<input checked="" type="checkbox"/> Officeholder	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) State Senator
	<input type="checkbox"/> Measure	<b>BALLOT IDENTIFICATION / #</b>  <b>ELECTION DATE</b> Month Day Year
		<b>DESCRIPTION</b>
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ \$0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$60,092.66
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ \$0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ \$162,743.27
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$1,413,180.09
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$0.00
<b>16 AFFIDAVIT</b>		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.		
Mr. John Steen _____ Signature of Campaign Treasurer		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
_____ Signature of officer administering oath		_____ Printed name of officer administering oath
_____ Signature of officer administering oath		_____ Title of officer administering oath

**SUBTOTALS - SPAC****FORM SPAC**  
**COVER SHEET PG 3**  
3 of 156

<b>17</b> COMMITTEE NAME Friends of Donna Campbell	<b>18</b> FILER ID (Ethics Commission Filers) 00068678
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
7. <input type="checkbox"/> SCHEDULE E: LOANS	
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
11. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
12. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
14. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/8 Rpt: 4/156
<b>2</b> FILER NAME Friends of Donna Campbell		<b>3</b> Filer ID (Ethics Commission Filers) 00068678
<b>4</b> Date 11/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alist Consulting LLC	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757	
<b>8</b> Principal occupation / Job title (See Instructions) Entrepreneur		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrade, Hope	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78205	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Self
<b>Date</b> 09/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Daniel	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78723	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Ruth	<b>Amount of Contribution (\$)</b> \$2,601.77
	<b>Contributor address; City; State; Zip Code</b>  Bulverde, TX 78163	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Phil	<b>Amount of Contribution (\$)</b> \$1,040.89
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77001	
<b>Principal occupation / Job title (See Instructions)</b> Business Owner		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/8 Rpt: 5/156
<b>2</b> FILER NAME Friends of Donna Campbell		<b>3</b> Filer ID (Ethics Commission Filers) 00068678
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colyandro, John	<b>7</b> Amount of Contribution (\$) \$1,500.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731	
<b>8</b> Principal occupation / Job title (See Instructions) Public Affairs Consultant		<b>9</b> Employer (See Instructions) Colyandro Public Affairs
Date 11/05/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00248716) Comcast Corporation and NBCUniversal PAC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  Philadelphia, PA 19103	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Congress Ventures LLC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Austin, TX 78703	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eye-PAC of the Texas Ophthalmological Association	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley & Lardner LLP Texas Campaign Fund	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  Dallas, TX 75201	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/8 Rpt: 6/156
<b>2</b> FILER NAME Friends of Donna Campbell		<b>3</b> Filer ID (Ethics Commission Filers) 00068678
<b>4</b> Date 11/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funds Available for Involved Reporters .....  <b>6</b> Contributor address; City; State; Zip Code  Athens, TX 75751	<b>7</b> Amount of Contribution (\$)  \$500.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace & McEwan Consulting LLC Political Fund .....  Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$250.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf States Toyota Inc State PAC .....  Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund .....  Contributor address; City; State; Zip Code  Dallas, TX 75240	Amount of Contribution (\$)  \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPAc of Texas .....  Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/8 Rpt: 7/156
<b>2</b> FILER NAME Friends of Donna Campbell		<b>3</b> Filer ID (Ethics Commission Filers) 00068678
<b>4</b> Date 10/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keillor, Rebeka ..... <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pediatric Anesthesiologist		<b>9</b> Employer (See Instructions) US Anesthesia Partners Central Texas
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair and Sampson LLP ..... Contributor address; City; State; Zip Code  Austin, TX 78760	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phenix, Billy ..... Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Phenix and Saenz
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plagenhoef, Deborah ..... Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) ABCChildren's Dental
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Political Action Committee of The Independent Insurance Agents of Texas ..... Contributor address; City; State; Zip Code  Austin, TX 78768	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/8 Rpt: 8/156
<b>2</b> FILER NAME Friends of Donna Campbell		<b>3</b> Filer ID (Ethics Commission Filers) 00068678
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Public Blueprint LLC .....  <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebello, Elizabeth .....  Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions) <b>Employer (See Instructions)</b> Physician MD Anderson Cancer Center	
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhode, Patrick .....  Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions) <b>Employer (See Instructions)</b> Public Affairs Patrick Rhode Strategies	
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Jeffrey .....  Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions) <b>Employer (See Instructions)</b> Physician UTMB	
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TSAPAC .....  Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
	Principal occupation / Job title (See Instructions) <b>Employer (See Instructions)</b>	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/8 Rpt: 9/156
<b>2</b> FILER NAME Friends of Donna Campbell		<b>3</b> Filer ID (Ethics Commission Filers) 00068678
<b>4</b> Date 08/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tedder, Michael	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>6</b> Contributor address; City; State; Zip Code  Dalworthington Gardens, TX 76016	
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions) Red Gap Communications
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tedder, Michael	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Dalwoirthington Gardens, TX 76016	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Red Gap Communications
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tenaska Employees Texas PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Omaha, NE 68154	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Lobby Partners LLP	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association PAC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/8 Rpt: 10/156
<b>2</b> FILER NAME Friends of Donna Campbell		<b>3</b> Filer ID (Ethics Commission Filers) 00068678
<b>4</b> Date 11/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Beer Alliance of Texas PAC .....  <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$) \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Chickasaw Nation .....  Contributor address; City; State; Zip Code  Ada, OK 74820	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00542365) Toyota Motor North American Inc PAC .....  Contributor address; City; State; Zip Code  Washington, DC 20004	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00010470) Union Pacific Corporation Fund for Effective Government .....  Contributor address; City; State; Zip Code  Washington, DC 20004	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00109546) Valero PAC .....  Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 8/8 Rpt: 11/156
<b>2</b> FILER NAME Friends of Donna Campbell			<b>3</b> Filer ID (Ethics Commission Filers) 00068678
<b>4</b> Date 07/27/2025	<b>5</b> Full name of contributor West, Sandra ..... <b>6</b> Contributor address; City; State; Zip Code  Bulverde, TX 78163	<b>7</b> Amount of Contribution (\$)  \$100.00	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired	
Date 07/27/2025	Full name of contributor West, Sandra ..... Contributor address; City; State; Zip Code  Bulverde, TX 78163	Amount of Contribution (\$)  \$100.00	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

**The Instruction Guide explains how to complete this form.**

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/38 Rpt: 13/156	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 10/02/2025	5 Payee name American Express	
6 Amount (\$) \$16,172.83	7 Payee address; City; PO Box 650448  Dallas, TX 75265	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Payment
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name American Express	
Amount (\$) \$9,495.08	Payee address; City; PO Box 650448  Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name American Express	
Amount (\$) \$8,140.56	Payee address; City; PO Box 650448  Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/38 Rpt: 14/156	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 07/10/2025	5 Payee name Anedot	
6 Amount (\$) \$10.05	7 Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/30/2025	Payee name Anedot	
Amount (\$) \$4.20	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Anedot	
Amount (\$) \$97.80	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 4/38 Rpt: 15/156	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 09/10/2025	5 Payee name Anedot	
6 Amount (\$) \$10.05	7 Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/17/2025	Payee name Anedot	
Amount (\$) \$8.10	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/24/2025	Payee name Anedot	
Amount (\$) \$39.30	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 5/38 Rpt: 16/156	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 10/08/2025	5 Payee name Anedot	
6 Amount (\$) \$2.25	7 Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/15/2025	Payee name Anedot	
Amount (\$) \$10.05	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/22/2025	Payee name Anedot	
Amount (\$) \$58.80	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 6/38 Rpt: 17/156	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 08/01/2025	5 Payee name Barthel, Austin	
6 Amount (\$) \$150.00	7 Payee address; City; 300 E 30th St Apt 207  Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name Birdwell, Shane	
Amount (\$) \$500.00	Payee address; City; 22309 Chipotle Pass  Spicewood, TX 78669	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Birdwell, Shane	
Amount (\$) \$500.00	Payee address; City; 22309 Chipotle Pass  Spicewood, TX 78669	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 7/38 Rpt: 18/156	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 09/01/2025	5 Payee name Birdwell, Shane	
6 Amount (\$) \$500.00	7 Payee address; City; 22309 Chipotle Pass  Spicewood, TX 78669	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name Birdwell, Shane	
Amount (\$) \$500.00	Payee address; City; 22309 Chipotle Pass  Spicewood, TX 78669	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name Birdwell, Shane	
Amount (\$) \$500.00	Payee address; City; 22309 Chipotle Pass  Spicewood, TX 78669	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 8/38 Rpt: 19/156	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 12/12/2025	5 Payee name Birdwell, Shane	
6 Amount (\$) \$500.00	7 Payee address; City; 22309 Chipotle Pass  Spicewood, TX 78669	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/26/2025	Payee name Birdwell, Shane	
Amount (\$) \$500.00	Payee address; City; 22309 Chipotle Pass  Spicewood, TX 78669	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name Blakemore & Associates	
Amount (\$) \$2,500.00	Payee address; City; 1 E Greenway Plaza Ste 225  Houston, TX 77046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 9/38 Rpt: 20/156	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 08/01/2025	5 Payee name Blakemore & Associates	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225  Houston, TX 77046	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/01/2025	Payee name Blakemore & Associates	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225  Houston, TX 77046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name Blakemore & Associates	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225  Houston, TX 77046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 10/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 11/01/2025	5 Payee name Blakemore & Associates	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225  Houston, TX 77046	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Blakemore & Associates	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225  Houston, TX 77046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/07/2025	Payee name Cates, Beckie	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 51 Ranch House Loop  Angleton, TX 77515	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 11/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 07/15/2025	5 Payee name Chase Bank	
6 Amount (\$) \$4,718.99	7 Payee address; City; State; Zip Code PO Box 15123  Dallas, TX 75265	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Payment
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name Chase Bank	
Amount (\$) \$1,206.29	Payee address; City; State; Zip Code PO Box 15123  Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/24/2025	Payee name Chase Bank	
Amount (\$) \$986.27	Payee address; City; State; Zip Code PO Box 15123  Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 12/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 11/21/2025	5 Payee name Chase Bank	
6 Amount (\$) \$248.46	7 Payee address; City; State; Zip Code PO Box 15123  Dallas, TX 75265	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Payment
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Chase Bank	
Amount (\$) \$178.11	Payee address; City; State; Zip Code PO Box 15123  Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/25/2025	Payee name Comal County City Officials Luncheon	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 100 Main Plaza  New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Luncheon Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 13/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 08/25/2025	5 Payee name Comal County City Officials Luncheon	
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 100 Main Plaza  New Braunfels, TX 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Luncheon Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Comal County Commissioners Court	Office sought Office held
Date 09/08/2025	Payee name Comal County Commissioners Court	
Amount (\$) \$13.00	Payee address; City; State; Zip Code 100 Main Plaza  New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Luncheon Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Comal County Commissioners Court	Office sought Office held
Date 12/11/2025	Payee name Comal County Commissioners Court	
Amount (\$) \$13.00	Payee address; City; State; Zip Code 100 Main Plaza  New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Luncheon Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Comal County Commissioners Court	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 14/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 09/15/2025	5 Payee name Comal County Republican Party	
6 Amount (\$) \$250.00	7 Payee address; City; 265 Landa  New Braunfels, TX 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name Davis, Hayden	
Amount (\$) \$150.00	Payee address; City; 501 Little Draw Lane  Leander, TX 78641	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Davis, Hayden	
Amount (\$) \$150.00	Payee address; City; 501 Little Draw Lane  Leander, TX 78641	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 09/01/2025	5 Payee name Davis, Hayden	
6 Amount (\$) \$150.00	7 Payee address; City; 501 Little Draw Lane  Leander, TX 78641	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Davis, Hayden	Office sought Office held
Date 10/01/2025	Payee name Davis, Hayden	
Amount (\$) \$150.00	Payee address; City; 501 Little Draw Lane  Leander, TX 78641	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Davis, Hayden	Office sought Office held
Date 11/01/2025	Payee name Davis, Hayden	
Amount (\$) \$150.00	Payee address; City; 501 Little Draw Lane  Leander, TX 78641	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Davis, Hayden	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 16/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 12/01/2025	5 Payee name Davis, Hayden	
6 Amount (\$) \$150.00	7 Payee address; City; 501 Little Draw Lane  Leander, TX 78641	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Four Seasons Parking	
Amount (\$) \$50.00	Payee address; City; 98 San Jacinto Blvd  Austin, TX 78701-4082	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff Parking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Four Seasons Parking	
Amount (\$) \$20.00	Payee address; City; 98 San Jacinto Blvd  Austin, TX 78701-4082	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff Parking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 17/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 11/05/2025	5 Payee name Grand Hyatt	
6 Amount (\$) \$106.08	7 Payee address; City; State; Zip Code 600 East Market St  San Antonio, TX 78205-2600	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff Lodging
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Grand Hyatt	
Amount (\$) \$143.43	Payee address; City; State; Zip Code 208 Barton Springs  Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff Lodging
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/23/2025	Payee name Hobby Lobby	
Amount (\$) \$178.47	Payee address; City; State; Zip Code 360 Creekside Way  New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 18/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 07/01/2025	5 Payee name Hogue, Richard	
6 Amount (\$) \$1,200.00	7 Payee address; City; 6125 Stonegate Place  Edmond, OK 73025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Hogue, Richard	
Amount (\$) \$1,200.00	Payee address; City; 6125 Stonegate Place  Edmond, OK 73025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/01/2025	Payee name Hogue, Richard	
Amount (\$) \$1,200.00	Payee address; City; 6125 Stonegate Place  Edmond, OK 73025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 19/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 10/01/2025	5 Payee name Hogue, Richard	
6 Amount (\$) \$1,200.00	7 Payee address; City; 6125 Stonegate Place  Edmond, OK 73025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/01/2025	Payee name Hogue, Richard	
Amount (\$) \$1,200.00	Payee address; City; 6125 Stonegate Place  Edmond, OK 73025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Hogue, Richard	
Amount (\$) \$1,200.00	Payee address; City; 6125 Stonegate Place  Edmond, OK 73025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 20/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 07/01/2025	5 Payee name Konopaske, Nick	
6 Amount (\$) \$150.00	7 Payee address; City; 637 Haven Pt  New Braunfels, TX 78132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Konopaske, Nick	Office sought Office held
Date 08/01/2025	Payee name Konopaske, Nick	
Amount (\$) \$150.00	Payee address; City; 637 Haven Pt  New Braunfels, TX 78132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Konopaske, Nick	Office sought Office held
Date 09/01/2025	Payee name Konopaske, Nick	
Amount (\$) \$150.00	Payee address; City; 637 Haven Pt  New Braunfels, TX 78132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Konopaske, Nick	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 21/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 10/01/2025	5 Payee name Konopaske, Nick	
6 Amount (\$) \$150.00	7 Payee address; City; 637 Haven Pt  New Braunfels, TX 78132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Konopaske, Nick	Office sought Office held
Date 10/30/2025	Payee name Konopaske, Nick	
Amount (\$) \$150.00	Payee address; City; 637 Haven Pt  New Braunfels, TX 78132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Konopaske, Nick	Office sought Office held
Date 12/01/2025	Payee name Konopaske, Nick	
Amount (\$) \$150.00	Payee address; City; 637 Haven Pt  New Braunfels, TX 78132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Konopaske, Nick	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 22/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 07/01/2025	5 Payee name Morals, Jim	
6 Amount (\$) \$150.00	7 Payee address; City; 207 Pendent Dr  Liberty Hill, TX 78642	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morals, Jim	Office sought Office held
Date 08/01/2025	Payee name Morals, Jim	
Amount (\$) \$150.00	Payee address; City; 207 Pendent Dr  Liberty Hill, TX 78642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morals, Jim	Office sought Office held
Date 09/01/2025	Payee name Morals, Jim	
Amount (\$) \$150.00	Payee address; City; 207 Pendent Dr  Liberty Hill, TX 78642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morals, Jim	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 23/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 10/01/2025	5 Payee name Morals, Jim	
6 Amount (\$) \$150.00	7 Payee address; City; 207 Pendent Dr  Liberty Hill, TX 78642	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morals, Jim	Office sought Office held
Date 10/29/2025	Payee name Morals, Jim	
Amount (\$) \$150.00	Payee address; City; 207 Pendent Dr  Liberty Hill, TX 78642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morals, Jim	Office sought Office held
Date 12/03/2025	Payee name Morals, Jim	
Amount (\$) \$150.00	Payee address; City; 207 Pendent Dr  Liberty Hill, TX 78642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morals, Jim	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 24/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678	
4 Date 08/25/2025	5 Payee name Northeast Partnership		
6 Amount (\$) \$30.00	7 Payee address; City; 12900 My Olympus  Universal City, TX 78148	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Dues	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/26/2025	Payee name Pineda's Painting		
Amount (\$) \$250.00	Payee address; City; 4003 Fortuna  San Antonio, TX 78237	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/01/2025	Payee name Ramirez, Julieta		
Amount (\$) \$500.00	Payee address; City; 14 Eagle Creek Dr  Kyle, TX 78640	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 25/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 08/01/2025	5 Payee name Ramirez, Julieta	
6 Amount (\$) \$500.00	7 Payee address; City; 14 Eagle Creek Dr  Kyle, TX 78640	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/01/2025	Payee name Ramirez, Julieta	
Amount (\$) \$500.00	Payee address; City; 14 Eagle Creek Dr  Kyle, TX 78640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name Ramirez, Julieta	
Amount (\$) \$500.00	Payee address; City; 14 Eagle Creek Dr  Kyle, TX 78640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 26/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 10/14/2025	5 Payee name Ramirez, Julieta	
6 Amount (\$) \$844.00	7 Payee address; City; 14 Eagle Creek Dr  Kyle, TX 78640	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff Mileage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ramirez, Julieta	Office sought Office held
Date 10/24/2025	Payee name Ramirez, Julieta	
Amount (\$) \$500.00	Payee address; City; 14 Eagle Creek Dr  Kyle, TX 78640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ramirez, Julieta	Office sought Office held
Date 12/03/2025	Payee name Ramirez, Julieta	
Amount (\$) \$265.50	Payee address; City; 14 Eagle Creek Dr  Kyle, TX 78640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff Mileage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ramirez, Julieta	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 27/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 12/08/2025	5 Payee name Ramirez, Julieta	
6 Amount (\$) \$500.00	7 Payee address; City; 14 Eagle Creek Dr  Kyle, TX 78640	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Ramirez, Julieta	
Amount (\$) \$300.00	Payee address; City; 14 Eagle Creek Dr  Kyle, TX 78640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/24/2025	Payee name Ramirez, Julieta	
Amount (\$) \$500.00	Payee address; City; 14 Eagle Creek Dr  Kyle, TX 78640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 28/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 12/04/2025	5 Payee name Raul Jimenez Thanksgiving	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 8700 Cornwhill Blvd, Suite 802  San Antonio, TX 78209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Staff Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/13/2025	Payee name Right Lists Of Texas	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225  Houston, TX 77046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Lists Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name Sam's Club	
Amount (\$) \$63.39	Payee address; City; State; Zip Code 1350 Leah Ave  San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 29/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 07/03/2025	5 Payee name Seguin Area Chamber of Commerce	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 116 N Camp St Ste 4  Seguin, TX 78155	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/10/2025	Payee name Seguin Area Chamber of Commerce	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 116 N Camp St Ste 4  Seguin, TX 78155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/26/2025	Payee name Starbucks	
Amount (\$) \$41.64	Payee address; City; State; Zip Code 501 West 15Th St Ste D  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 30/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 11/17/2025	5 Payee name TCU	
6 Amount (\$) \$100.00	7 Payee address; City; Box 297044  Fort Worth, TX 76129	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/14/2025	Payee name Texans For Bob Hall	
Amount (\$) \$5,000.00	Payee address; City; PO Box 513  Canton, TX 75103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/02/2025	Payee name Texas Federation Of Republican Women	
Amount (\$) \$10,000.00	Payee address; City; 1301 Vista Del Monte  San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 31/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 07/14/2025	5 Payee name Texas Pride Barbeque	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 2980 East Loop 1604 South  Adkins, TX 78101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/28/2025	Payee name Texas Senate Republican Caucus	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 1108 Lavaca St Ste 110 Box 703  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Texas Senate	
Amount (\$) \$445.00	Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flags For Constituent Gifts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 32/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 11/21/2025	5 Payee name Texas Senate	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Forgotten Angels
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/14/2025	Payee name The Republican Party Of Bexar County	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 909 NE Loop 410 Ste 801  San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/02/2025	Payee name Toomey, Valens Michael	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 4603 Island Cove  Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 33/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 12/11/2025	5 Payee name Uber	
6 Amount (\$) \$20.24	7 Payee address; City; 1725 3rd St  San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff Ground Transportation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Office sought	Office held
Date 12/04/2025	Payee name Velvet Taco	
Amount (\$) \$18.00	Payee address; City; 522 Congress Ave Ste 100  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Capitol Staff Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Office sought	Office held
Date 07/02/2025	Payee name Wal-Mart	
Amount (\$) \$16.14	Payee address; City; 1209 South Interstate 35  New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 34/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 12/04/2025	5 Payee name Warwick Hotel	
6 Amount (\$) \$15.00	7 Payee address; City; 3015 Oak Lawn Ave  Dallas, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff Parking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Weber, Sonya	
Amount (\$) \$150.00	Payee address; City; 236 Forest Trail  New Braunfels, TX 78132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/01/2025	Payee name Weber, Sonya	
Amount (\$) \$150.00	Payee address; City; 236 Forest Trail  New Braunfels, TX 78132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 35/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 10/01/2025	5 Payee name Weber, Sonya	
6 Amount (\$) \$150.00	7 Payee address; City; 236 Forest Trail  New Braunfels, TX 78132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/01/2025	Payee name Weber, Sonya	
Amount (\$) \$150.00	Payee address; City; 236 Forest Trail  New Braunfels, TX 78132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name Weber, Sonya	
Amount (\$) \$150.00	Payee address; City; 236 Forest Trail  New Braunfels, TX 78132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 36/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 12/01/2025	5 Payee name Weber, Sonya	
6 Amount (\$) \$150.00	7 Payee address; City; 236 Forest Trail  New Braunfels, TX 78132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/10/2025	Payee name Yannuzzi, Joyce	
Amount (\$) \$23.00	Payee address; City; 2059 Cowan Drive  New Braunfels, TX 78132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff Mileage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name Yannuzzi, Joyce	
Amount (\$) \$150.00	Payee address; City; 2059 Cowan Drive  New Braunfels, TX 78132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 37/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 08/01/2025	5 Payee name Yannuzzi, Joyce	
6 Amount (\$) \$150.00	7 Payee address; City; 2059 Cowan Drive  New Braunfels, TX 78132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Yannuzzi, Joyce	Office sought Office held
Date 09/01/2025	Payee name Yannuzzi, Joyce	
Amount (\$) \$150.00	Payee address; City; 2059 Cowan Drive  New Braunfels, TX 78132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Yannuzzi, Joyce	Office sought Office held
Date 11/03/2025	Payee name Yannuzzi, Joyce	
Amount (\$) \$111.80	Payee address; City; 2059 Cowan Drive  New Braunfels, TX 78132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff Mileage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Yannuzzi, Joyce	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 38/38 Rpt:	2 FILER NAME Friends of Donna Campbell	3 Filer ID (Ethics Commission Filers) 00068678
4 Date 10/01/2025	5 Payee name Yannuzzi, Joyce	
6 Amount (\$) \$150.00	7 Payee address; City; 2059 Cowan Drive  New Braunfels, TX 78132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Yannuzzi, Joyce	Office sought Office held
Date 11/01/2025	Payee name Yannuzzi, Joyce	
Amount (\$) \$150.00	Payee address; City; 2059 Cowan Drive  New Braunfels, TX 78132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Yannuzzi, Joyce	Office sought Office held
Date 12/01/2025	Payee name Yannuzzi, Joyce	
Amount (\$) \$150.00	Payee address; City; 2059 Cowan Drive  New Braunfels, TX 78132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Yannuzzi, Joyce	Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 1/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution American Express		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$12.36	(b) Date of Charge 11/02/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Bleecker Bakery		(b) Payee address; City, State, Zip Code Derech Yitshak Rabin 17  Petah Tikva Israel
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Officeholder Meals While Travelling
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$9.00	(b) Date of Charge 11/02/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Airport Carts		(b) Payee address; City, State, Zip Code Terml H 4Th Floor Ste H-40374  Miami, FL 33122
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Officeholder Cart Rental
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Alamo Pachyderm Club		(b) Payee address; City, State, Zip Code 16722 Ledgestone Dr  San Antonio, TX 78232-2410
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Dues
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$22.49	(b) Date of Charge 08/18/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Aloft Austin		(b) Payee address; City, State, Zip Code 109 East 7Th St Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Campaign Staff Parking
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$59.05	(b) Date of Charge 07/10/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$58.40	(b) Date of Charge 07/14/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$168.64	(b) Date of Charge 07/22/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
7 PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$44.94	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$24.90	(b) Date of Charge 08/03/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$32.66	(b) Date of Charge 08/03/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
7 PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$34.64	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$21.86	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$14.25	(b) Date of Charge 09/14/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$23.80	(b) Date of Charge 09/15/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$35.15	(b) Date of Charge 09/15/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$43.29	(b) Date of Charge 09/27/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$51.87	(b) Date of Charge 09/30/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$81.83	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 7/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$59.53	(b) Date of Charge 10/07/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$27.27	(b) Date of Charge 10/17/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$43.29	(b) Date of Charge 10/17/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 8/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$36.14	(b) Date of Charge 10/17/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 11/29/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 11/29/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 9/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.44	(b) Date of Charge 12/04/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N  Seattle, WA 98109
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$33.53	(b) Date of Charge 12/06/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N  Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$21.79	(b) Date of Charge 12/17/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave N  Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 10/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$75.77	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
7 PAYEE	(a) Payee name An Empty Vase		(b) Payee address; City, State, Zip Code 100 Gansevoort St  New York, NY 10014
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Ann Webb Skin Clinic		(b) Payee address; City, State, Zip Code 11701 Jollyville Rd Ste 107  Austin, TX 78759
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 12/29/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Ann Webb Skin Clinic		(b) Payee address; City, State, Zip Code 11701 Jollyville Rd Ste 107  Austin, TX 78759
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 11/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$115.24	(b) Date of Charge 07/12/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
7 PAYEE	(a) Payee name AT&T		(b) Payee address; City, State, Zip Code 208 South Akard St Fl 10  Dallas, TX 75202-4208
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Officeholder Cell Phone
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$115.24	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name AT&T		(b) Payee address; City, State, Zip Code 208 South Akard St Fl 10  Dallas, TX 75202-4208
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Officeholder Cell Phone
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$120.31	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name AT&T		(b) Payee address; City, State, Zip Code 208 South Akard St Fl 10  Dallas, TX 75202-4208
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Officeholder Cell Phone
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 12/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$120.32	(b) Date of Charge 10/13/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name AT&T		(b) Payee address; City, State, Zip Code 208 South Akard St Fl 10  Dallas, TX 75202-4208
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Officeholder Cell Phone
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$120.37	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name AT&T		(b) Payee address; City, State, Zip Code 208 South Akard St Fl 10  Dallas, TX 75202-4208
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Officeholder Cell Phone
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$204.22	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name AT&T		(b) Payee address; City, State, Zip Code 208 South Akard St Fl 10  Dallas, TX 75202-4208
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Officeholder Cell Phone
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 13/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$90.75	(b) Date of Charge 12/30/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name AT&T		(b) Payee address; City, State, Zip Code 675 West Peachtree Ste St North West  Atlanta, GA 30375-0001
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Officeholder Cell Phone
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$87.26	(b) Date of Charge 09/20/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name A-Tan Asian Bistro		(b) Payee address; City, State, Zip Code 1528 East Cmn St Ste 15  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$25.64	(b) Date of Charge 08/14/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Austin Proper		(b) Payee address; City, State, Zip Code 600 West 2Nd St  Austin, TX 78701-1079
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 14/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$9.73	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Autozone		(b) Payee address; City, State, Zip Code 2009 Hwy 71 South  Columbus, TX 78934-2819
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$681.96	(b) Date of Charge 07/27/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name BestBuy.com		(b) Payee address; City, State, Zip Code 7075 Flying Cloud Dr  Eden Prairip, MN 55344-3532
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Computer Equipment
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$35.00	(b) Date of Charge 11/14/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Bexar County Republican Party		(b) Payee address; City, State, Zip Code 13423 Blanco Rd 317  San Antonio, TX 78216
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Dues
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 15/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$21.61	(b) Date of Charge 09/27/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name Big'Z Burger Joint		(b) Payee address; City, State, Zip Code 5539 Utsa Blvd  San Antonio, TX 78249-1555
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$46.48	(b) Date of Charge 07/29/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name BJ's Restaurants		(b) Payee address; City, State, Zip Code 1001 East Whitestone Blvd  Cedar Park, TX 78613-7863
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$43.78	(b) Date of Charge 08/09/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Blue Corn Harvest		(b) Payee address; City, State, Zip Code 700 East Whitestone Blvd Suite 204  Cedar Park, TX 78613-6032
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 16/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$9.62	(b) Date of Charge 07/31/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
7 PAYEE	(a) Payee name Blue Roan Coffee		(b) Payee address; City, State, Zip Code 1327 County Rd 133  Hallettsville, TX 77964
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$60.00	(b) Date of Charge 10/21/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Boerne Chamber of Commerce		(b) Payee address; City, State, Zip Code 121 South Main St  Boerne, TX 78006
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Dues
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$60.00	(b) Date of Charge 12/27/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Boerne Chamber of Commerce		(b) Payee address; City, State, Zip Code 121 South Main St  Boerne, TX 78006
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Dues
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 17/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$11.23	(b) Date of Charge 09/27/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name Brix Holdings		(b) Payee address; City, State, Zip Code 1072 Star Rdg  Spring Branch, TX 78070
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$93.69	(b) Date of Charge 12/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Burr Ridge Village		(b) Payee address; City, State, Zip Code 51 Shr Dr Ste 1  Burr Ridge, IL 60527-5888
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$81.70	(b) Date of Charge 09/04/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Caf Crepe		(b) Payee address; City, State, Zip Code 200 San Jacinto Blvd Suite A  Austin, TX 78701
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 18/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$43.40	(b) Date of Charge 09/25/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name Caf Crepe		(b) Payee address; City, State, Zip Code 200 San Jacinto Blvd Suite A  Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$120.00	(b) Date of Charge 09/18/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Canva		(b) Payee address; City, State, Zip Code 2140 South Dupont Hwy  Camden, DE 19934
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Software Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 07/19/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Canyon Lake Professional Civic		(b) Payee address; City, State, Zip Code 1074 Scissortail  Canyon Lake, TX 78133-4123
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 19/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$136.00	(b) Date of Charge 08/05/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
7 PAYEE	(a) Payee name Canyon Lake Republican Women		(b) Payee address; City, State, Zip Code 177 Coral Cv  Spring Branch, TX 78070
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$6.77	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Capitol Gift Shop		(b) Payee address; City, State, Zip Code 1400 North Congress Ave  Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$1.00	(b) Date of Charge 08/22/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Capitol Gift Shop		(b) Payee address; City, State, Zip Code 1400 North Congress Ave  Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 20/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$44.38	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Capitol Gift Shop		(b) Payee address; City, State, Zip Code 112 East 11Th St Austin, TX 78701-2403
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$48.71	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Capitol Gift Shop		(b) Payee address; City, State, Zip Code 112 East 11Th St Austin, TX 78701-2403
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$64.95	(b) Date of Charge 12/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Capitol Gift Shop		(b) Payee address; City, State, Zip Code 1400 North Congress Ave Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 21/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$541.25	(b) Date of Charge 12/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Capitol Gift Shop		(b) Payee address; City, State, Zip Code 1400 North Congress Ave  Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$108.25	(b) Date of Charge 12/16/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Capitol Gift Shop		(b) Payee address; City, State, Zip Code 1400 North Congress Ave  Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$30.53	(b) Date of Charge 07/14/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Chick-Fil-A		(b) Payee address; City, State, Zip Code 5289 Kyle Ctr Dr  Kyle, TX 78640
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 22/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$24.22	(b) Date of Charge 08/11/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Chick-Fil-A		(b) Payee address; City, State, Zip Code 1663 State Hwy 46 West  New Braunfels, TX 78132
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$24.00	(b) Date of Charge 08/21/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Chick-Fil-A		(b) Payee address; City, State, Zip Code 1663 State Hwy 46 West  New Braunfels, TX 78132
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$26.37	(b) Date of Charge 08/29/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Chick-Fil-A		(b) Payee address; City, State, Zip Code 1663 State Hwy 46 West  New Braunfels, TX 78132
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 23/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$104.25	(b) Date of Charge 11/14/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Comal Independent School		(b) Payee address; City, State, Zip Code 1404 Ih 35 North  New Braunfels, TX 78130
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Cosa - Marina Garage		(b) Payee address; City, State, Zip Code 850 East Commerce  San Antonio, TX 78205
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Campaign Staff Parking
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Cosa - Marina Garage		(b) Payee address; City, State, Zip Code 850 East Commerce  San Antonio, TX 78205
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Campaign Staff Parking
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 24/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Cosa - Marina Garage		(b) Payee address; City, State, Zip Code 850 East Commerce  San Antonio, TX 78205
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Campaign Staff Parking
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$150.00	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name CVS		(b) Payee address; City, State, Zip Code 4405 East Riverside Dr  Austin, TX 78741
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Staff Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$103.00	(b) Date of Charge 11/17/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Das Festival Of Kendall		(b) Payee address; City, State, Zip Code 635 St Hwy 46E Suite 201  Boerne, TX 78006
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 25/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$83.20	(b) Date of Charge 08/30/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Devine Wine Bar		(b) Payee address; City, State, Zip Code 17130 Texas 46  Spring Branch, TX 78070
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$118.51	(b) Date of Charge 09/16/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Devine Wine Bar		(b) Payee address; City, State, Zip Code 17130 Texas 46  Spring Branch, TX 78070
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$39.56	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Devine Wine Bar		(b) Payee address; City, State, Zip Code 17130 Texas 46  Spring Branch, TX 78070
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 26/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$57.91	(b) Date of Charge 09/16/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name Dollar Tree		(b) Payee address; City, State, Zip Code 612 South Walnut Ave  New Braunfels, TX 78130
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$7.31	(b) Date of Charge 09/16/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Dollartree		(b) Payee address; City, State, Zip Code 257 Creekside Crst  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$10.40	(b) Date of Charge 09/26/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Donut Palace		(b) Payee address; City, State, Zip Code 113 South Interstate 35  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 27/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$59.00	(b) Date of Charge 07/24/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
7 PAYEE	(a) Payee name Doordash.com		(b) Payee address; City, State, Zip Code 303 2Nd St Suite 800  San Francisco, CA 94107
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$489.81	(b) Date of Charge 07/28/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Doordash.com		(b) Payee address; City, State, Zip Code 303 2Nd St Suite 800  San Francisco, CA 94107
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$438.94	(b) Date of Charge 08/26/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Doordash.com		(b) Payee address; City, State, Zip Code 303 2Nd St Suite 800  San Francisco, CA 94107
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Sch: 28/105 Rpt: Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$58.89	(b) Date of Charge 08/27/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Doordash.com		(b) Payee address; City, State, Zip Code 303 2Nd St Suite 800  San Francisco, CA 94107
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$130.17	(b) Date of Charge 09/03/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Doordash.com		(b) Payee address; City, State, Zip Code 303 2Nd St Suite 800  San Francisco, CA 94107
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$42.78	(b) Date of Charge 09/15/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Doordash.com		(b) Payee address; City, State, Zip Code 303 2Nd St Suite 800  San Francisco, CA 94107
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 29/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$75.72	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Doordash.com		(b) Payee address; City, State, Zip Code 303 2Nd St Suite 800  San Francisco, CA 94107
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$8,152.49	(b) Date of Charge 08/14/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name El Al Airlines		(b) Payee address; City, State, Zip Code Submissions Usd  Israel, TX 77777
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Officeholder Airfare
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$85.49	(b) Date of Charge 07/18/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Etsy		(b) Payee address; City, State, Zip Code 117 Adams St  Brooklyn, NY 11201
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 30/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$249.73	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Expedia		(b) Payee address; City, State, Zip Code Suite 200 10190 Covington Cross Dr  Las Vegas, NV 89144
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Officeholder Airfare
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$263.85	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Fedex Office		(b) Payee address; City, State, Zip Code 7900 Legacy Dr  Plano, TX 75024
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Shipping Fees
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$94.85	(b) Date of Charge 11/20/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Fedex Office		(b) Payee address; City, State, Zip Code 7900 Legacy Dr  Plano, TX 75024
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Shipping Fees
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 31/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$71.91	(b) Date of Charge 08/21/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Field Of Flowers		(b) Payee address; City, State, Zip Code 8177 Glades Rd Ste 9  Boca Raton, FL 33434
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Officeholder Meals While Travelling
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$42.28	(b) Date of Charge 10/03/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name First Watch		(b) Payee address; City, State, Zip Code 1506 North I-35 Suite 220  San Marcos, TX 78666
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$298.27	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Flower Shop Network		(b) Payee address; City, State, Zip Code 103 Monroe Rd  Paragould, AR 72450-3145
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 32/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$505.94	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Four Seasons		(b) Payee address; City, State, Zip Code 98 San Jacinto Blvd  Austin, TX 78701-4082
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$22.00	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Four Seasons		(b) Payee address; City, State, Zip Code 98 San Jacinto Blvd  Austin, TX 78701-4082
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Campaign Staff Parking
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$78.37	(b) Date of Charge 09/18/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Freytag's		(b) Payee address; City, State, Zip Code 2211 West Anderson Ln  Austin, TX 78757
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 33/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$196.00	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Grand Hyatt San Antonio		(b) Payee address; City, State, Zip Code 600 East Market St  San Antonio, TX 78205-2600
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$53.04	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Grand Hyatt San Antonio		(b) Payee address; City, State, Zip Code 600 East Market St  San Antonio, TX 78205-2600
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$15.72	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Grand Hyatt San Antonio		(b) Payee address; City, State, Zip Code 600 East Market St  San Antonio, TX 78205-2600
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 34/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$7.04	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Grand Hyatt San Antonio		(b) Payee address; City, State, Zip Code 600 East Market St  San Antonio, TX 78205-2600
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$31.79	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Grand Hyatt San Antonio		(b) Payee address; City, State, Zip Code 600 East Market St  San Antonio, TX 78205-2600
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$547.40	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Grand Hyatt San Antonio		(b) Payee address; City, State, Zip Code 600 East Market St  San Antonio, TX 78205-2600
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 35/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$52.22	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Grand Hyatt San Antonio		(b) Payee address; City, State, Zip Code 600 East Market St  San Antonio, TX 78205-2600
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$53.04	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Grand Hyatt San Antonio		(b) Payee address; City, State, Zip Code 600 East Market St  San Antonio, TX 78205-2600
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$821.10	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Grand Hyatt San Antonio		(b) Payee address; City, State, Zip Code 600 East Market St  San Antonio, TX 78205-2600
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 36/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$821.10	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Grand Hyatt San Antonio		(b) Payee address; City, State, Zip Code 600 East Market St  San Antonio, TX 78205-2600
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$939.34	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Grand Hyatt San Antonio		(b) Payee address; City, State, Zip Code 600 East Market St  San Antonio, TX 78205-2600
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$33.56	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Grand Hyatt San Antonio		(b) Payee address; City, State, Zip Code 600 East Market St  San Antonio, TX 78205-2600
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 37/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$14.00	(b) Date of Charge 09/26/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name Great American Products		(b) Payee address; City, State, Zip Code 1661 South Seguin Ave  New Braunfels, TX 78130
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$102.61	(b) Date of Charge 09/06/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Grimaldi's		(b) Payee address; City, State, Zip Code 22810 Us Hwy 281 North Ste 105  San Antonio, TX 78258
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$22.84	(b) Date of Charge 11/02/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Guava and Java		(b) Payee address; City, State, Zip Code 1200 North West 78Th Ave Ste 400  Doral, FL 33126
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Officeholder Meals While Travelling
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 38/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$10.38	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name H Mart		(b) Payee address; City, State, Zip Code 19595 Riverwalk Dr  Porter, TX 77365
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 09/04/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Hays Country Republican Party		(b) Payee address; City, State, Zip Code 6000 Fm 150  Kyle, TX 78640
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$214.92	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code Corp Office  San Antonio, TX 78204
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 39/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$77.24	(b) Date of Charge 07/08/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
7 PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code Corp Office  San Antonio, TX 78204
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$138.26	(b) Date of Charge 07/10/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code Corp Office  San Antonio, TX 78204
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$143.71	(b) Date of Charge 07/22/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code Corp Office  San Antonio, TX 78204
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 40/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$131.42	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code Corp Office  San Antonio, TX 78204
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$110.85	(b) Date of Charge 08/15/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code Corp Office  San Antonio, TX 78204
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$80.39	(b) Date of Charge 09/09/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code Corp Office  San Antonio, TX 78204
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 41/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$123.40	(b) Date of Charge 09/15/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code Corp Office  San Antonio, TX 78204
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$124.77	(b) Date of Charge 09/16/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 1655 West State Hwy 46  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$48.70	(b) Date of Charge 09/17/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 1655 West State Hwy 46  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 42/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$81.15	(b) Date of Charge 09/17/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 1655 West State Hwy 46  New Braunfels, TX 78130
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$13.47	(b) Date of Charge 09/23/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2965 Ih35 North  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$123.35	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code Corp Office  San Antonio, TX 78204
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 43/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$56.04	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2965 Ih35 North  New Braunfels, TX 78130
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$116.68	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 1655 West State Hwy 46  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$188.54	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code Corp Office  San Antonio, TX 78204
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 44/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$54.44	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code Corp Office  San Antonio, TX 78204
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$27.79	(b) Date of Charge 12/14/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 19348 Ronald Wreagan Blvd  Georgetown, TX 78628
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$78.98	(b) Date of Charge 12/28/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 646 South Flores St  San Antonio, TX 78204
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 45/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$40.64	(b) Date of Charge 08/21/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Hilton Garden Inn		(b) Payee address; City, State, Zip Code 500 North Interstate Hwy 35 Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$207.98	(b) Date of Charge 08/23/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Hilton Garden Inn		(b) Payee address; City, State, Zip Code 500 North Interstate 35 Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$13.00	(b) Date of Charge 08/27/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Hilton Garden Inn		(b) Payee address; City, State, Zip Code 500 North Interstate 35 Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 46/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$358.28	(b) Date of Charge 08/29/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Hilton Garden Inn		(b) Payee address; City, State, Zip Code 500 North Interstate 35 Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$327.00	(b) Date of Charge 09/05/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Hilton Garden Inn		(b) Payee address; City, State, Zip Code 500 North Interstate 35 Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$2,101.51	(b) Date of Charge 09/06/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Hilton Garden Inn		(b) Payee address; City, State, Zip Code 500 North Interstate 35 Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 47/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$267.93	(b) Date of Charge 10/12/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Hilton Garden Inn		(b) Payee address; City, State, Zip Code 2325 North Stemmons Fwy  Dallas, TX 75207-2703
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$194.64	(b) Date of Charge 07/22/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Hobby Lobby		(b) Payee address; City, State, Zip Code 7717 South West 44Th St  Oklahoma City, OK 73179-4808
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$24.89	(b) Date of Charge 08/06/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Hobby Lobby		(b) Payee address; City, State, Zip Code 360 Creekside Way  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 48/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$33.55	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name Hobby Lobby		(b) Payee address; City, State, Zip Code 4040 South Lamar Blvd  Austin, TX 78704
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$33.55	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Hobby Lobby		(b) Payee address; City, State, Zip Code 8000 Research Blvd  Austin, TX 78758
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$52.97	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Hobby Lobby		(b) Payee address; City, State, Zip Code 360 Creekside Way  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 49/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$2.79	(b) Date of Charge 10/14/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Hobby Lobby		(b) Payee address; City, State, Zip Code 5755 Kyle Pkwy Suite 100  Kyle, TX 78640
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$32.46	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Hobby Lobby		(b) Payee address; City, State, Zip Code 5755 Kyle Pkwy Suite 100  Kyle, TX 78640
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$2.79	(b) Date of Charge 10/21/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Hobby Lobby		(b) Payee address; City, State, Zip Code 5755 Kyle Pkwy Suite 100  Kyle, TX 78640
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 50/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$14.05	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Hobby Lobby		(b) Payee address; City, State, Zip Code 5755 Kyle Pkwy Suite 100  Kyle, TX 78640
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$16.45	(b) Date of Charge 12/16/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Hobby Lobby		(b) Payee address; City, State, Zip Code 5755 Kyle Pkwy Suite 100  Kyle, TX 78640
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$5.94	(b) Date of Charge 12/29/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Hobby Lobby		(b) Payee address; City, State, Zip Code 5755 Kyle Pkwy Suite 100  Kyle, TX 78640
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 51/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$69.94	(b) Date of Charge 08/19/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Home Slice		(b) Payee address; City, State, Zip Code 501 East 53Rd St Austin, TX 78751
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$38.89	(b) Date of Charge 12/18/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Homegoods		(b) Payee address; City, State, Zip Code 269 Creekside Crst New Braunfels, TX 78130
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$265.47	(b) Date of Charge 08/09/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Hotels.com		(b) Payee address; City, State, Zip Code 18 Bartol St Unit 159 San Francisco, CA 94133
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 52/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$42.18	(b) Date of Charge 12/03/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Huisache Grill		(b) Payee address; City, State, Zip Code 303 West San Antonio St Behind Duckworth Violin  New Braunfels, TX 78130-7938
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$241.40	(b) Date of Charge 08/27/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name III Forks		(b) Payee address; City, State, Zip Code 111 Lavaca St  Austin, TX 78701
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$140.52	(b) Date of Charge 10/09/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Javiers Gourmet		(b) Payee address; City, State, Zip Code 4912 Cole Ave  Dallas, TX 75205-3402
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 53/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$126.59	(b) Date of Charge 08/11/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Linda's Flowers		(b) Payee address; City, State, Zip Code 105 Rebel Rd  Kyle, TX 78640-5688
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$242.00	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Lockaway Storage		(b) Payee address; City, State, Zip Code 452 Fm 306  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Storage Lockers
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$242.00	(b) Date of Charge 08/31/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Lockaway Storage		(b) Payee address; City, State, Zip Code 452 Fm 306  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Storage Lockers
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 54/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$242.00	(b) Date of Charge 09/30/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name Lockaway Storage		(b) Payee address; City, State, Zip Code 452 Fm 306  New Braunfels, TX 78130
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Storage Lockers
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$242.00	(b) Date of Charge 10/31/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Lockaway Storage		(b) Payee address; City, State, Zip Code 452 Fm 306  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Storage Lockers
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$271.00	(b) Date of Charge 11/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Lockaway Storage		(b) Payee address; City, State, Zip Code 452 Fm 306  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Storage Lockers
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 55/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$180.98	(b) Date of Charge 08/14/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Loro		(b) Payee address; City, State, Zip Code 1306 West Oltorf St Ste C  Austin, TX 78704-5550
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$54.13	(b) Date of Charge 09/17/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Make BBQ Great Again		(b) Payee address; City, State, Zip Code 155 5Th St 7  San Francisco, CA 94103-2919
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$131.00	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Mar Y Sol		(b) Payee address; City, State, Zip Code 4511 Mckinney Ave  Dallas, TX 75205-4213
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 56/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$114.39	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Marriott Fort Lauderdale		(b) Payee address; City, State, Zip Code 166 North Compass Way  Dania Beach, FL 33004-2378
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Officeholder Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$7.95	(b) Date of Charge 10/27/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Marriott Fort Lauderdale		(b) Payee address; City, State, Zip Code 166 North Compass Way  Dania Beach, FL 33004-2378
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Officeholder Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$25.38	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name MCC Resort San Antonio		(b) Payee address; City, State, Zip Code 223 Losoya St  San Antonio, TX 78205
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 57/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$92.69	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name MCC Resort San Antonio		(b) Payee address; City, State, Zip Code 223 Losoya St  San Antonio, TX 78205
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$33.60	(b) Date of Charge 11/02/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Miami International Airport		(b) Payee address; City, State, Zip Code 2100 North West 42Nd Ave Concourse G  Miami, FL 33040
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Officeholder Meals While Travelling
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$30.24	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Miami Transportation		(b) Payee address; City, State, Zip Code 1873 North West 55Th Ter  Miami, FL 33142
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Officeholder Ground Transportation
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 58/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$52.75	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Microsoft		(b) Payee address; City, State, Zip Code 8Th Floor 91 Main St  Dallas, TX 75202
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Email Hosting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$18.26	(b) Date of Charge 12/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Microsoft		(b) Payee address; City, State, Zip Code 8Th Floor 91 Main St  Dallas, TX 75202
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Email Hosting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$458.13	(b) Date of Charge 12/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Microsoft		(b) Payee address; City, State, Zip Code 8Th Floor 91 Main St  Dallas, TX 75202
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Email Hosting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 59/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$137.35	(b) Date of Charge 10/17/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Much and Fuss		(b) Payee address; City, State, Zip Code 295 East San Antonio St  New Braunfels, TX 78130
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$67.68	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Name Maker Inc		(b) Payee address; City, State, Zip Code 5390 Peachtree Industrial Blvd Ste 210  Norcross, GA 30071-1593
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name New Braunfels Shipping		(b) Payee address; City, State, Zip Code 1308 Cmn St  New Braunfels, TX 78130-3557
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Shipping Fees
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 60/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$14.00	(b) Date of Charge 07/08/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name New Braunfels Shipping		(b) Payee address; City, State, Zip Code 1308 Cmn St  New Braunfels, TX 78130-3557
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Shipping Fees
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 12/26/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name New Braunfels Shipping		(b) Payee address; City, State, Zip Code 1308 Cmn St  New Braunfels, TX 78130-3557
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Shipping Fees
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$52.21	(b) Date of Charge 11/02/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name New Heights Catina		(b) Payee address; City, State, Zip Code Unit Dx 04 931 Airport Service Rd  Nashville, TN 37214
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 61/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 08/04/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
7 PAYEE	(a) Payee name North San Antonio Chamber of		(b) Payee address; City, State, Zip Code 12930 Country Pkwy  San Antonio, TX 78216
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Dues
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 09/10/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Northeast Partnership		(b) Payee address; City, State, Zip Code 1653 North Santa Clara Rd  Santa Clara, TX 78124
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Dues
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 11/06/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Northeast Partnership		(b) Payee address; City, State, Zip Code 1653 North Santa Clara Rd  Santa Clara, TX 78124
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Dues
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 62/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$5.75	(b) Date of Charge 09/17/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name Nothing Bundt Cakes		(b) Payee address; City, State, Zip Code 161 Creekside Way Ste 602  New Braunfels, TX 78130
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$31.00	(b) Date of Charge 09/17/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Nothing Bundt Cakes		(b) Payee address; City, State, Zip Code 161 Creekside Way Ste 602  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$250.12	(b) Date of Charge 07/23/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Office Depot		(b) Payee address; City, State, Zip Code 907 West 5Th St Ste 101  Austin, TX 78703
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 63/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$15.52	(b) Date of Charge 10/07/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name Office Depot		(b) Payee address; City, State, Zip Code 201 Springtown Way  San Marcos, TX 78666
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$51.39	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Office Depot		(b) Payee address; City, State, Zip Code 201 Springtown Way  San Marcos, TX 78666
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$16.23	(b) Date of Charge 11/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Office Depot		(b) Payee address; City, State, Zip Code 201 Springtown Way  San Marcos, TX 78666
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 64/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$235.82	(b) Date of Charge 08/05/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
7 PAYEE	(a) Payee name Omni Austin		(b) Payee address; City, State, Zip Code 700 San Jacinto At 8Th St Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$96.96	(b) Date of Charge 09/06/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Paint the Park		(b) Payee address; City, State, Zip Code 300 MI St Suite 200 Moorestown, NJ 08057
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$65.00	(b) Date of Charge 09/09/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Paint the Park		(b) Payee address; City, State, Zip Code 300 MI St Suite 200 Moorestown, NJ 08057
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 65/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$1,101.80	(b) Date of Charge 12/04/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Perini Ranch		(b) Payee address; City, State, Zip Code 3002 Fm 89  Buffalo Gap, TX 79508-2202
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$660.00	(b) Date of Charge 12/09/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Perini Ranch		(b) Payee address; City, State, Zip Code 3002 Fm 89  Buffalo Gap, TX 79508-2202
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$440.00	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Perini Ranch		(b) Payee address; City, State, Zip Code 3002 Fm 89  Buffalo Gap, TX 79508-2202
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 66/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$79.02	(b) Date of Charge 07/03/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Petals To Go		(b) Payee address; City, State, Zip Code 1515 North Walnut Ave  New Braunfels, TX 78130
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$68.20	(b) Date of Charge 08/29/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Petals To Go		(b) Payee address; City, State, Zip Code 1515 North Walnut Ave  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$15.70	(b) Date of Charge 09/04/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name PMC Parking		(b) Payee address; City, State, Zip Code 3713 Charlotte Ave  Nashville, TN 37209
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Officeholder Parking
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 67/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$21.04	(b) Date of Charge 10/07/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name Proof and Coope		(b) Payee address; City, State, Zip Code 209 East Main St  Johnson City, TX 78636
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$89.09	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Prost Haus		(b) Payee address; City, State, Zip Code 1424 South Presa St  San Antonio, TX 78210
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$114.79	(b) Date of Charge 08/23/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Roaring Fork		(b) Payee address; City, State, Zip Code 320 North Sangamon St Floor 6  Chicago, IL 60607
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 68/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$26.11	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Sabai Thai Kitchen		(b) Payee address; City, State, Zip Code 19141 Stone Oak Pkwy San Antonio, TX 78258
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$65.74	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Sabai Thai Kitchen		(b) Payee address; City, State, Zip Code 19141 Stone Oak Pkwy San Antonio, TX 78258
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$104.37	(b) Date of Charge 08/20/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Sammie's Italian		(b) Payee address; City, State, Zip Code 807 West 6Th St Austin, TX 78703-5403
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 69/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name San Anontio Young Republicans		(b) Payee address; City, State, Zip Code 222 Cibolo Crst Dr  Boerne, TX 78006
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Dues
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$27.06	(b) Date of Charge 09/06/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name San Antonio Hill		(b) Payee address; City, State, Zip Code 23808 Resort Pkwy  San Antonion, TX 78261
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Officeholder Parking
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$6.00	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name San Antonio Parking		(b) Payee address; City, State, Zip Code 9800 Airport Blvd  San Antonio, TX 78216
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Officeholder Parking
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Sch: 70/105 Rpt: Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$95.21	(b) Date of Charge 09/11/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name Seasons 52		(b) Payee address; City, State, Zip Code Suite 1400 255 E Basse Road  San Antonio, TX 78209
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$7.00	(b) Date of Charge 11/02/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Smartcart		(b) Payee address; City, State, Zip Code 11350 McCormick Rd Ste 1004  Hunt Valley, MD 21031
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Officeholder Cart Rental
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$16.00	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; City, State, Zip Code Po Box 36611  Dallas, TX 75235
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Airfare
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 71/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$44.00	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; City, State, Zip Code Po Box 36611  Dallas, TX 75235
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Airfare
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$475.96	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; City, State, Zip Code Po Box 36611  Dallas, TX 75235
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Airfare
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$306.49	(b) Date of Charge 11/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; City, State, Zip Code Po Box 36611  Dallas, TX 75235
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Airfare
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 72/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$362.96	(b) Date of Charge 11/25/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; City, State, Zip Code Po Box 36611  Dallas, TX 75235
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Airfare
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$112.04	(b) Date of Charge 10/15/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Star Awards		(b) Payee address; City, State, Zip Code 1500 South Interstate 35  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$44.44	(b) Date of Charge 07/30/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Ave South Ste 800  Seattle, WA 98134
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 73/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$5.36	(b) Date of Charge 08/06/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
7 PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Ave South Ste 800  Seattle, WA 98134
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$42.65	(b) Date of Charge 08/06/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Ave South Ste 800  Seattle, WA 98134
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$29.44	(b) Date of Charge 08/08/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Ave South Ste 800  Seattle, WA 98134
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 74/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$13.69	(b) Date of Charge 08/09/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 22449 I-35  Kyle, TX 78640
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description District Staff Meeting  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$23.54	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Ave South Ste 800  Seattle, WA 98134
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Campaign Staff Meeting  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$8.25	(b) Date of Charge 08/14/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 501 West 15Th St Ste D  Austin, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Campaign Staff Meeting  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 75/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$15.23	(b) Date of Charge 08/17/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2300 South Ih 35 South Austin, TX 78704
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$13.12	(b) Date of Charge 08/20/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 411 East Quincy St San Antonio, TX 78215
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$11.04	(b) Date of Charge 09/02/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Ave South Ste 800 Seattle, WA 98134
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 76/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.17	(b) Date of Charge 09/03/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 1920 East Riverside Dr Ste E-100  Austin, TX 78741
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$15.56	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 102 North East I-35  Hillsboro, TX 76645
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$11.37	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Ave South Ste 800  Seattle, WA 98134
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 77/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$19.65	(b) Date of Charge 12/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2720 Loop 337  New Braunfels, TX 78130
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$18.78	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2720 Loop 337  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$14.56	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2720 Loop 337  New Braunfels, TX 78130
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 78/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$26.65	(b) Date of Charge 08/11/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Texas Chili Parlor		(b) Payee address; City, State, Zip Code 1409 Lavaca St Austin, TX 78701-1634
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$22.29	(b) Date of Charge 09/02/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Texas Chili Parlor		(b) Payee address; City, State, Zip Code 1409 Lavaca St Austin, TX 78701-1634
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$260.73	(b) Date of Charge 09/29/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Texas Federation Of Republican		(b) Payee address; City, State, Zip Code 13740 North Hwy 183 Suite J4 Austin, TX 78750
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 79/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$82.85	(b) Date of Charge 10/11/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name the Brunch Spot		(b) Payee address; City, State, Zip Code 8022 Kitty Hawk Rd  Converse, TX 78109
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 07/28/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name The Chamber		(b) Payee address; City, State, Zip Code 1730 Schertz Pkwy  Schertz, TX 78154
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Campaign Luncheon Fees
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 09/02/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name The Chamber		(b) Payee address; City, State, Zip Code 1730 Schertz Pkwy  Schertz, TX 78154
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Campaign Luncheon Fees
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 80/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$33.28	(b) Date of Charge 09/23/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name The Chamber		(b) Payee address; City, State, Zip Code 1730 Schertz Pkwy  Schertz, TX 78154
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$49.92	(b) Date of Charge 09/27/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name The Chamber		(b) Payee address; City, State, Zip Code 1730 Schertz Pkwy  Schertz, TX 78154
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Campaign Luncheon Fees
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name The Chamber		(b) Payee address; City, State, Zip Code 1730 Schertz Pkwy  Schertz, TX 78154
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Campaign Luncheon Fees
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 81/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$160.00	(b) Date of Charge 08/23/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name The Retreat Day Spa		(b) Payee address; City, State, Zip Code 245 South Un Ave  New Braunfels, TX 78130-4457
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$18.61	(b) Date of Charge 09/20/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name The Ups Store		(b) Payee address; City, State, Zip Code 3267 Bee Caves Rd Ste 107  Austin, TX 78746
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Shipping Fees
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$71.53	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name The Ups Store		(b) Payee address; City, State, Zip Code 5401 Fm 1626 170  Kyle, TX 78640
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Shipping Fees
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 82/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$6.03	(b) Date of Charge 10/21/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name The Ups Store		(b) Payee address; City, State, Zip Code 5401 Fm 1626 170  Kyle, TX 78640
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Shipping Fees
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$13.80	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name The Ups Store		(b) Payee address; City, State, Zip Code 1659 West State Hwy 46 Ste 115  New Braunfels, TX 78132
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Shipping Fees
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 10/31/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name The UPS Store		(b) Payee address; City, State, Zip Code 1108 Lavaca St Ste 110  Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Shipping Fees
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 83/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$51.42	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name The UPS Store		(b) Payee address; City, State, Zip Code 1108 Lavaca St Ste 110  Austin, TX 78701
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Shipping Fees
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$24.17	(b) Date of Charge 12/16/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name The Ups Store		(b) Payee address; City, State, Zip Code 5401 Fm 1626 170  Kyle, TX 78640
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Shipping Fees
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$47.69	(b) Date of Charge 09/03/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Tiff's Treats		(b) Payee address; City, State, Zip Code 8310 1 North Capital Of Tx 110  Austin, TX 78731
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 84/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$62.09	(b) Date of Charge 09/03/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Tiff's Treats		(b) Payee address; City, State, Zip Code 8310 1 North Capital Of Tx 110 Austin, TX 78731
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$73.02	(b) Date of Charge 08/29/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Tony's Coal Fired		(b) Payee address; City, State, Zip Code 2344 Kohlers Crst Kyle, TX 78640
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$47.38	(b) Date of Charge 12/17/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Tony's Coal Fired		(b) Payee address; City, State, Zip Code 2344 Kohlers Crst Kyle, TX 78640
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 85/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 12/17/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Tony's Coal Fired		(b) Payee address; City, State, Zip Code 2344 Kohlers Crst  Kyle, TX 78640
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$391.50	(b) Date of Charge 08/14/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Uchiko		(b) Payee address; City, State, Zip Code 4200 North Lamar Blvd Ste 140  Austin, TX 78756
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$166.00	(b) Date of Charge 09/25/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name USPS		(b) Payee address; City, State, Zip Code 475 Lenfant Plz South West Rm 5540  Washington, DC 20260
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Shipping Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 86/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$153.75	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name USPS		(b) Payee address; City, State, Zip Code 686 South Seguin Ave  New Braunfels, TX 78130
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Shipping Fees
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$8.27	(b) Date of Charge 07/31/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Velvet Taco		(b) Payee address; City, State, Zip Code Suite 100 522 Congress Avenue  Austin, TX 78701
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$80.03	(b) Date of Charge 07/31/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Velvet Taco		(b) Payee address; City, State, Zip Code Suite 100 522 Congress Avenue  Austin, TX 78701
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 87/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$102.30	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Velvet Taco		(b) Payee address; City, State, Zip Code 522 Congress Ave Ste 100 Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$33.22	(b) Date of Charge 08/14/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Walgreen's		(b) Payee address; City, State, Zip Code 1001 Loop 274 Angleton, TX 77515
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$2.71	(b) Date of Charge 08/23/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Walgreen's		(b) Payee address; City, State, Zip Code 5781 Kyle Pkwy Kyle, TX 78640
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 88/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$27.89	(b) Date of Charge 09/03/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
7 PAYEE	(a) Payee name Walgreen's		(b) Payee address; City, State, Zip Code 1920 East Riverside Dr  Austin, TX 78741
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$34.08	(b) Date of Charge 09/10/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Walgreen's		(b) Payee address; City, State, Zip Code 5781 Kyle Pkwy  Kyle, TX 78640
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 09/22/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Walgreen's		(b) Payee address; City, State, Zip Code 5781 Kyle Pkwy  Kyle, TX 78640
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 89/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$10.26	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
7 PAYEE	(a) Payee name Walgreen's		(b) Payee address; City, State, Zip Code 5781 Kyle Pkwy Kyle, TX 78640
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$7.03	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Walgreen's		(b) Payee address; City, State, Zip Code 5781 Kyle Pkwy Kyle, TX 78640
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$13.08	(b) Date of Charge 08/10/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name Wal-Mart		(b) Payee address; City, State, Zip Code 1209 South Interstate 35 New Braunfels, TX 78130
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 90/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$16.65	(b) Date of Charge 12/20/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Wal-Mart		(b) Payee address; City, State, Zip Code 702 South West 8Th St  Bentonville, AR 72712-6209
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$518.50	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Warwick		(b) Payee address; City, State, Zip Code 3015 Oak Lawn Ave  Dallas, TX 75219-4134
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$6.50	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Warwick		(b) Payee address; City, State, Zip Code 3015 Oak Lawn Ave  Dallas, TX 75219-4134
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Campaign Staff Parking
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 91/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$9.74	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
7 PAYEE	(a) Payee name Which Wich		(b) Payee address; City, State, Zip Code 849 East Commerce St Space 675  San Antonio, TX 78205
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$63.55	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Wildflour Artisan		(b) Payee address; City, State, Zip Code 2000 Fm 2673  Canyon Lake, TX 78133
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$89.64	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Willies Grill		(b) Payee address; City, State, Zip Code 18210 Ih 35 North  Schertz, TX 78154
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 92/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Wreaths Across America		(b) Payee address; City, State, Zip Code 4 Pt St  Columbia Falls, ME 04623-5305
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 08/29/2025	(c) Date(s) Credit Card Issuer Paid 10/02/2025
PAYEE	(a) Payee name 37th Annual New Braunfels		(b) Payee address; City, State, Zip Code 155 5Th St 7  San Francisco, CA 94103-2919
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Event Tickets  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$6,522.22	(b) Date of Charge 10/07/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name 4Imprint		(b) Payee address; City, State, Zip Code 101 Commerce St  Oshkosh, WI 54901-4864
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Logoed Promotional Items  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 93/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution Chase Bank		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 08/17/2025	(c) Date(s) Credit Card Issuer Paid 09/24/2025
7 PAYEE	(a) Payee name Adobe.com		(b) Payee address; City, State, Zip Code 345 Park Avenue  San Jose, CA 95110
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Software Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$40.29	(b) Date of Charge 08/21/2025	(c) Date(s) Credit Card Issuer Paid 09/24/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N  Seattle, WA 98109
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$14.06	(b) Date of Charge 08/26/2025	(c) Date(s) Credit Card Issuer Paid 09/24/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N  Seattle, WA 98109
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 94/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$15.14	(b) Date of Charge 09/10/2025	(c) Date(s) Credit Card Issuer Paid 11/21/2025
7 PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$140.71	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid 11/21/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$16.23	(b) Date of Charge 10/07/2025	(c) Date(s) Credit Card Issuer Paid 11/21/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 95/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$19.03	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid 11/21/2025
7 PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$41.12	(b) Date of Charge 10/17/2025	(c) Date(s) Credit Card Issuer Paid 11/21/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$16.23	(b) Date of Charge 10/17/2025	(c) Date(s) Credit Card Issuer Paid 11/21/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 96/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$77.88	(b) Date of Charge 11/09/2025	(c) Date(s) Credit Card Issuer Paid 12/18/2025
7 PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$86.59	(b) Date of Charge 11/16/2025	(c) Date(s) Credit Card Issuer Paid 12/18/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$13.64	(b) Date of Charge 11/25/2025	(c) Date(s) Credit Card Issuer Paid 12/18/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 97/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
7 PAYEE	(a) Payee name iHeartMedia		(b) Payee address; City, State, Zip Code PO Box 419499  Boston, MA 02241
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Subscriptions
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$82.96	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 646 South Flores St  San Antonio, TX 78204
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$62.68	(b) Date of Charge 07/27/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 646 South Flores St  San Antonio, TX 78204
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 98/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$20.98	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Chick-Fil-A		(b) Payee address; City, State, Zip Code 500 E Ben White Blvd  Austin, TX 78704
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$43.98	(b) Date of Charge 07/30/2025	(c) Date(s) Credit Card Issuer Paid 09/24/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 646 South Flores St  San Antonio, TX 78204
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$51.52	(b) Date of Charge 07/30/2025	(c) Date(s) Credit Card Issuer Paid 09/24/2025
PAYEE	(a) Payee name Etsy.com		(b) Payee address; City, State, Zip Code 117 Adams St  Brooklyn, NY 11201
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 99/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 07/31/2025	(c) Date(s) Credit Card Issuer Paid 09/24/2025
7 PAYEE	(a) Payee name iHeartMedia		(b) Payee address; City, State, Zip Code PO Box 419499  Boston, MA 02241
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Subscriptions
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$49.80	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid 09/24/2025
PAYEE	(a) Payee name Microsoft		(b) Payee address; City, State, Zip Code 1 Microsoft Way  Redmond, WA 98052
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Email Hosting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$4.00	(b) Date of Charge 07/18/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Rice Village Parking		(b) Payee address; City, State, Zip Code 2504 Amherst St  Houston, TX 77005
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Campaign Staff Parking
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 100/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$33.26	(b) Date of Charge 07/23/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
7 PAYEE	(a) Payee name Walgreens		(b) Payee address; City, State, Zip Code 5781 Kyle Pkwy Kyle, TX 78640
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description District Office Supplies
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$45.22	(b) Date of Charge 07/27/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Buttermilk Caf		(b) Payee address; City, State, Zip Code 1324 E Common St New Braunfels, TX 78130
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$21.10	(b) Date of Charge 07/29/2025	(c) Date(s) Credit Card Issuer Paid 09/24/2025
PAYEE	(a) Payee name Texas Monthly		(b) Payee address; City, State, Zip Code PO Box 1569 Austin, TX 78767
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign News Subscription
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 101/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 07/17/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
7 PAYEE	(a) Payee name Adobe.com		(b) Payee address; City, State, Zip Code 345 Park Avenue  San Jose, CA 95110
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Software Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$11.75	(b) Date of Charge 07/20/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 501 West 15Th St Ste D  Austin, TX 78701
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$4.00	(b) Date of Charge 07/18/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Rice Village Parking		(b) Payee address; City, State, Zip Code 2504 Amherst St  Houston, TX 77005
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Campaign Staff Parking
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 102/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$129.90	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
7 PAYEE	(a) Payee name Freytag's		(b) Payee address; City, State, Zip Code 2211 West Anderson Ln Austin, TX 78757
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$129.80	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Freytag's		(b) Payee address; City, State, Zip Code 2211 West Anderson Ln Austin, TX 78757
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$40.42	(b) Date of Charge 07/06/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Doordash.com		(b) Payee address; City, State, Zip Code 303 2nd St 8th Floor San Francisco, CA 94107
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 103/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$408.14	(b) Date of Charge 08/15/2025	(c) Date(s) Credit Card Issuer Paid 09/24/2025
7 PAYEE	(a) Payee name Hampton Inn		(b) Payee address; City, State, Zip Code 1701 Lavaca Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$29.84	(b) Date of Charge 07/13/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Microsoft		(b) Payee address; City, State, Zip Code 1 Microsoft Way Redmond, WA 98052
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Email Hosting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$65.53	(b) Date of Charge 08/17/2025	(c) Date(s) Credit Card Issuer Paid 09/24/2025
PAYEE	(a) Payee name Doordash.com		(b) Payee address; City, State, Zip Code 303 2nd St 8th Floor San Francisco, CA 94107
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 104/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$229.56	(b) Date of Charge 07/31/2025	(c) Date(s) Credit Card Issuer Paid 09/24/2025
7 PAYEE	(a) Payee name Hotels.com		(b) Payee address; City, State, Zip Code 1111 Expedia Group Way  Seattle, WA 98119
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$49.80	(b) Date of Charge 07/13/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Microsoft		(b) Payee address; City, State, Zip Code 1 Microsoft Way  Redmond, WA 98052
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Email Hosting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$124.49	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Carmin's Flowers		(b) Payee address; City, State, Zip Code 1501 Bunton Creek #101  Kyle, TX 78640
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign Constituent Gifts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 105/105 Rpt:	2 FILER NAME Friends of Donna Campbell		3 Filer ID (Ethics Commission Filers) 00068678
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$359.02	(b) Date of Charge 07/20/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
7 PAYEE	(a) Payee name Carrabba's		(b) Payee address; City, State, Zip Code 12507 I-10  San Antonio, TX 78230
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description District Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$66.70	(b) Date of Charge 07/03/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Chick-Fil-A		(b) Payee address; City, State, Zip Code 500 E Ben White Blvd  Austin, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$29.84	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid 09/24/2025
PAYEE	(a) Payee name Microsoft		(b) Payee address; City, State, Zip Code 1 Microsoft Way  Redmond, WA 98052
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Email Hosting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

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

## SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 155/156
<b>2</b> FILER NAME Friends of Donna Campbell		<b>3</b> Filer ID (Ethics Commission Filers) 00068678
<b>4</b> Date 07/26/2025	<b>5</b> Name of person from whom amount is received Amazon .....  <b>6</b> Address of person from whom amount is received; City; State; Zip Code  Seattle, WA 98109	<b>8</b> Amount (\$)  \$28.50
	<b>7</b> Purpose for which amount is received Return of Office Supplies	<input type="checkbox"/> Check if political contribution returned to filer
<b>Date</b> 12/31/2025	<b>Name of person from whom amount is received</b> Amazon .....  <b>Address of person from whom amount is received; City; State; Zip Code</b>  Seattle, WA 98109	<b>Amount (\$)</b>  \$14.60
	<b>Purpose for which amount is received</b> Return of Office Supplies	<input type="checkbox"/> Check if political contribution returned to filer
<b>Date</b> 12/31/2025	<b>Name of person from whom amount is received</b> Amazon .....  <b>Address of person from whom amount is received; City; State; Zip Code</b>  Seattle, WA 98109	<b>Amount (\$)</b>  \$7.19
	<b>Purpose for which amount is received</b> Return of Office Supplies	<input type="checkbox"/> Check if political contribution returned to filer
<b>Date</b> 07/31/2025	<b>Name of person from whom amount is received</b> Independent Financial Group .....  <b>Address of person from whom amount is received; City; State; Zip Code</b>  San Diego, CA 92130	<b>Amount (\$)</b>  \$4,326.37
	<b>Purpose for which amount is received</b> Campaign Interest	<input type="checkbox"/> Check if political contribution returned to filer
<b>Date</b> 08/29/2025	<b>Name of person from whom amount is received</b> Independent Financial Group .....  <b>Address of person from whom amount is received; City; State; Zip Code</b>  San Diego, CA 92130	<b>Amount (\$)</b>  \$4,323.16
	<b>Purpose for which amount is received</b> Campaign Interest	<input type="checkbox"/> Check if political contribution returned to filer

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

## SCHEDULE K

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule K: Sch: 2/2 Rpt: 156/156</p>
<p><b>2</b> FILER NAME Friends of Donna Campbell</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00068678</p>
<p><b>4</b> Date 09/30/2025</p>	<p><b>5</b> Name of person from whom amount is received Independent Financial Group</p>	<p><b>8</b> Amount (\$) \$4,125.45</p>
	<p><b>6</b> Address of person from whom amount is received; City; State; Zip Code San Diego, CA 92130</p>	
	<p><b>7</b> Purpose for which amount is received Campaign Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/31/2025</p>	<p>Name of person from whom amount is received Independent Financial Group</p>	<p>Amount (\$) \$4,217.39</p>
	<p>Address of person from whom amount is received; City; State; Zip Code San Diego, CA 92130</p>	
	<p>Purpose for which amount is received Campaign Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/28/2025</p>	<p>Name of person from whom amount is received Independent Financial Group</p>	<p>Amount (\$) \$3,928.84</p>
	<p>Address of person from whom amount is received; City; State; Zip Code San Diego, CA 92130</p>	
	<p>Purpose for which amount is received Campaign Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 12/31/2025</p>	<p>Name of person from whom amount is received Independent Financial Group</p>	<p>Amount (\$) \$3,892.13</p>
	<p>Address of person from whom amount is received; City; State; Zip Code San Diego, CA 92130</p>	
	<p>Purpose for which amount is received Campaign Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer