CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER	Ms Mrs / Mr First Sylvia	МІ	OFFICE USE ONLY
NAME	NICKNAME LAST Campos	SUFF I X	Date Received 07/08/2025
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 4410 Fir Street Corpus Christi, Texas 78411	CITY; STATE; ZIP CODE	RH/MR
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 687-7259	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	ms/mrs/mr first Dr. Juan	мі F	Receipt # Amount \$ Date Processed
NAME	NICKNAME LAST Santos	SUFF I X	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 1710 Ramfield Corpus Christi,		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	(361) 882-9210	EXTENS I ON	
9 REPORT TYPE	January 15 30th day before of Sth day before elements and state of the	Eveneded Medified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 01 / 2025	THROUGH 06	Day Year / 2025
11 ELECTION	Month Day Year Primary 11 / 04 / 2024 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) Council Member District 2	13 OFFICE SOUGHT (If known Council Member	•
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI COMMITTEE TYPE COMMITTEE NAME	S MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TRE		
	COMMITTEE CAMPAIGN IN	ALAGONEN ADDRESS	
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Sylvia Campos		16 Filer	ID (Ethics C	Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	I	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1	00.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$ 2	396.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE	\$	522.09
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and cor	rect and inc	cludes all information
	Sylvia Campos Sylvia Campos (Jul 8, 2023 05:52 CDT)	_		
	Signature of Ca	indidate d	or Officehol	der
	Please complete either option below	v:		
(1) Affidavit				
NOTABY OTAMB (OF A				
NOTARY STAMP/SEA				
	before me by this the which, witness my hand and seal of office.		day or	,
, to some,				
Signature of officer administer			Title of offic	er administering oath
(2) Unsworn Declarati	OR On			
		01/27/	1057	
My name is Sylvia Ca	•	$\frac{01/217}{x}$	8411	Nueces
iviy address is Tribin			(zip code)	(country)
Executed in Nueces	County, State of Texas, on the 8day of July (month)	2)	_, 20 25	<u>-</u>
	Sylvia Campos Sylvia casignature of candid	"	(year)	
	Sylvia Ca signature of Candio	date/Office	eholder (De	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Commission Filers)				
Sylv	via Campos				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1000.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	4. SCHEDULE E: LOANS				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			2396.44	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Sylvia Campos			3 Filer ID (Ethics Commission Filers)
4 Date 12/01/2024	Texas Realtors Politic	cal Action C	Committee State; Zip Code S 78768-2246	7 Amount of contribution (\$) 1000.00
	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Political Act	ion Committee		Texas Realtors	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
	ATTAOUADDITI			- IEEEE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Т	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAM	ne Sylvia Campos		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code			
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	I In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outsi	, de of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, DO NOT include this page in the report.

	The	Instruction Guide explains how to complete this f	orm.	1 Total pages Sched	ule B:		
2	FILER NAME	Sylvia Campos		3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF	UNITEMIZED PLEDGES		\$			
5	Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:	, , , , , , , , , , , , , , , , , , ,	8 Amount of Pledge \$	9 In-kind contribution description		
		7 Pledgor address; City; State			 		
				Check if travel outsi	l . ide of Texas. Complete Schedule T.		
10	Principal occu	pation / Job title (See Instructions)	1 Employer (See I	nstructions)			
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description		
		Pledgor address; City; Stat	e; Zip Code		 		
				Check if travel outsi	l . de of Texas. Complete Schedule T.		
	Principal occup	pation / Job title (See Instructions)	Emp l oyer (See	Instructions)			
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description		
		Pledgor address; City; Stat	e; Zip Code		 		
				Check if travel outsi	I . ide of Texas. Complete Schedule T.		
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)			
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description		
		Pledgor address; City; State;	Zip Code		 		
				Check if travel outsi	I de of Texas. Complete Schedule T.		
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)			
	_						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

if the requested information is not applicable, DO NOT include this page in the report.					
The In	nstruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:		
2 FILER NAME Sylvi	ia Campos		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNI	TEMIZED LOANS		\$		
5 Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date		
□ Y □ N			Triviality date		
12 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Collar	teral	Check if personal fund account (See Instruct	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupation	on (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
Y N			Maturity date		
Principal occupation	n / Job tit le (See I nstructions)	Employer (See Instructions)			
Description of Collate	teral	Check if personal fund account (See Instruct	ds were deposited into politica l ions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupation	n (See Instructions)	Employer (See Instructions)	•		
	ATTACH ADDITIONAL CODIES OF THIS SCHEDING AS MEEDED				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Gredit Gard'i ayment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Sylvia Campos		3 Filer ID (Ethics Commission File	rs)
4 Date	5 Payee name See itemized document			
6 Amount (\$) 2396.44	7 Payee address; ITEMIZED	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	

	Sylvia Campos Expense Report 01/01/2025-06/30/2025				
DATE	PAYEE	PURPOSE			
1/6/2025	Frost Bank	Bank Fee			
1/6/2025	Kristina Gomez	Consult			
1/27/2025	Lucino's	Food			
2/5/2025	Frost Bank	Bank Fee			
2/6/2025	Texas Democratic Party	VAN			
2/18/2025	City of Corpus Christi				
2/18/2025	Art Center of Corpus Christi	Fundraiser			
2/19/2025	НЕВ	Supplies			
2/20/2025	Galley Bistro	FOOD			
2/27/2025	Office Depot	Supplies			
3/5/2025	Frost Bank	Bank Fee			
3/17/2025	Texas Campaign for the Environment				
4/3/2025	Walmart	4109 So. Staples			
4/24/2025	USS Chefs	FOOD			
4/22/2025	City of Corpus Christi	Rain barrel			
5/5/2025	Frost Bank	Bank Fee			
5/16/2025	Richard Milbourne Academy	Donation			
5/22/2025	Lisa Hernandez	Policital Consult			
6/4/2025	Frost Bank	Bank Fee			
6/23/2025	Lisa Hernandez	Policital Consult			
6/23/2025	Frost Bank	Bank Fee			

ADDRESS	CITY	STATE	ZIP	AMOUNT
3835 So. Alameda	Corpus Christi	Texas	78411	\$8.00
11020 Huebner Oaks #2221	San Antonio	Texas	78380	\$50.00
1821 So. Alameda	Corpus Christi	Texas	78404	\$50.22
3835 So. Alameda	Corpus Christi	Texas	78411	\$8.00
314 Highland Blvd.	Austin	Texas	78752	\$575.00
1201 Leopard	Corpus Christi	Texas	78401	\$50.00
100 N. Shoreline	Corpus Christi	Texas	78401	\$107.30
4444 Koystoryz	Corpus Christi	Texas	78415	\$6.08
924 So Staples	Corpus Christi	Texas	78404	\$250.00
1737 So. Staples	Corpus Christi	Texas	78404	\$105.53
3835 So. Alameda	Corpus Christi	Texas	78411	\$8.00
814 San Jacinto	Austin	Texas	78701	\$154.47
4109 So Staples	Corpus Christi	Texas	7841	\$248.96
924 So Staples	Corpus Christi	Texas	78404	\$100.00
1201 Leopard	Corpus Christi	Texas	78401	\$50.88
3835 So. Alameda	Corpus Christi	Texas	78411	\$8.00
3512 So. Staples	Corpus Christi	Texas	78411	\$100.00
434 Villa	Corpus Christi	Texas	78408	\$250.00
3835 So. Alameda	Corpus Christi	Texas	78411	\$8.00
434 Villa	Corpus Christi	Texas	78408	\$250.00
3835 So. Alameda	Corpus Christi	Texas	78411	\$8.00
				\$2,396.44

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

(Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		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 explai	ins how to complete this form.			
1	Total pages Schedule F2:	² FILER NAME Sylvia Campos		3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UNITEM	IZED UNPAID INCURRED OBLI	IGATIONS	\$		
5	Date	6 Payee name				
7	Amount (\$)	8 Payee address;	City;	State; Zip Code		
9	TYPE OF EXPENDITURE	Political	Non-Political			
10		(a) Category (See Categories listed at the top of thi	is schedu l e) (b) Description			
	PURPOSE OF EXPENDITURE					
		(c) Check if travel outside of Texas. Complete	Schedule T. Check if Aus	stin, TX, officeholder living expense		
11	Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeho l der name	Office sought	Office held		
	Date	Payee name				
	Amount (\$)	Payee address;	City;	State; Zip Code		
	TYPE OF EXPENDITURE	Political [Non-Political			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	is schedule) Description			
		Check if travel outside of Texas, Complete	e Schedule T. Check if A	ustin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Tot	tal pag	ges Schedule F3:	
2 FILER NAME	Sylvia Campos	3 File	er ID	(Ethics Commissi	on Filers)
4 Date	5 Name of person from whom investment is purchased				
	6 Address of person from whom investment is purchased; Cit	y;		State;	Zip Code
	7 Description of investment				
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; City	/;		State;	Zip Code
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

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

Contributions/Donations Made Candidate/Officeholder/Politi		s/Memoria l s Expense rices		Expense Wages/Contract La		out Of District nter a category	not listed above)	
The Instruction	Guide explains how to co	mplete this form.		USE A NEW PA	GE FOR EACH CF	REDIT CARD	ISSUER	
1 TOTAL PAGES SCHEDULE F4:			3 FILER	t ID (Ethics	Commission Filers)			
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$			
5 CREDIT CARD ISSUER	Name of financial institution							
6 PAYMENT	(a) Amount Charged				(c) Date(s) Credit Card Issuer Paid			
7 PAYEE	(a) Payee name	me (b) Payee ad			ldress; City, State, Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)			(b) Description				
Political Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office			ice Sought Office Held				
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged			(c) Date(s) Credit Card Issuer Paid				
	\$							
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) (b) Descrip							
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	C	heck if Austin, TX, offi	ceholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Off			fice Sought Office Held				
PAYMENT	(a) Amount Charged (b) Date Expenditure Charge \$			(c) Date(s) Credit Card Issuer Paid				
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)			(b) Description				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held		
	ATTACH ADDIT	IONAL COPIE	S OF THIS	SCHEDULE /	AS NEEDED			

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

If the requested information is not applicable, DO NOT include this page in the report.

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

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

Travel In District Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)

,	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule G:	2 FILER NAME Sylvia Campos		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
Reimbursement from political contributions intended						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	tin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED)FD			

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

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)

ordan danar aymoni	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule H:	² FILER NAME Sylvia Campos	3 Filer ID (Ethics Commissio	n Filers)	
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State; Zip Co	ode
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held	I
Date	Business name			
Amount (\$)	Business address;	City;	State; Zip Co	ode
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	TX, officeholder living expense	۲, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address;	City;	State; Zip Co	ode
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	l
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to co	mplete this form.			
1 Total pages Schedule I:	2 FILER NAME Sylvia Campos		3 Filer ID ((Ethics Co	mmission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regard	ing type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regard	ing type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regard	ing type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regard	ing type of	information
	ATTACH ADDITIONAL CODIES OF THIS	S SCHEDIII E AS NE	EDED		

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME	s Commission Filers)		
4 Date	5 Name of person from whom amount is received	I	8 Amount (\$)
	6 Address of person from whom amount is received; City; Star	te; Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

	if the requested information is not applicable, DO NOT include this page in the report.									
The Instruction Guide explains how to complete this form.						1 To	1 Total pages Schedule T:			
2	² FILER NAME Sylvia Campos						3 F	Filer ID (Ethics Comn	nission Filers)	
4	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee									
6	Contribution / Expend Schedule A2 Schedule F2 Dates of travel	ule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS								
				ne of departure						
		9 Destinat	ion city or na	me of destination	n locatio	on				
10	Means of transportati	ion	11 Purpose	of travel (include	ding nam	ne of conference,	semina	r, or other event)		
	Name of Contributor	/ Corporation	or Labor Org	anization / Pled	gor / Pay	/ee				
	Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS									
	Dates of travel Name of person(s) traveling									
	Departure city or name of departure location									
	Destination city or name of destination location									
	Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee										
	Contribution / Expend	diture reported	d on:							
	Schedule A2	Schedu	ule B	Schedule B(J)		Schedu l e C2		Schedule D	Schedule F1	
	Schedule F2	Schedu	ule F4	Schedu l e G		Schedu l e H		Schedule COH-UC	Schedule B-SS	
	Dates of travel Name of person(s) traveling									
	Departure city or name of departure location									
		Destinat	ion city or na	ame of destination	on location	on				
	Means of transportat	tion	Purpose	e of travel (includ	ding nam	ne of conference	, semina	ar, or other event)		
		A ⁻	TTACH ADD	ITIONAL COP	IES OF	THIS SCHEDU	LEASI	NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains ho	w to complete this form,
	•• Complete only if "Report Type" on pag	ge 1 is marked "Final Report" ••
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)
3	SIGNATURE	
	I do not expect any further political contributions or political expenditur designating a report as a final report terminates my campaign treasure campaign contributions or make any campaign expenditures without a	er appointment. I also understand that I may not accept any
		Signature of Candidate / Officeholder
4	FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below only if you are not an officeholder. ••	
	A. CAMPAIGN FUNDS	
	Check only one:	
	I do not have unexpended contributions or unexpended interes	est or income earned from political contributions.
	· · · · · · · · · · · · · · · · · · ·	pended interest or income earned on political contributions to report of unexpended contributions and that I may not retain earned on political contributions longer than six years after see of unexpended political contributions and unexpended
	B. ASSETS	
	Check only one:	
	I do not retain assets purchased with political contributions or	interest or other income from political contributions.
	that I may not convert assets purchased with political contribu	erest or other income from political contributions. I understand utions or interest or other income from political contributions to a purchased with political contributions in accordance with the
		Signature of Candidate
5	OFFICEHOLDER •• Complete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable file. I am also aware that I will be required to file reports of unexan officeholder, I retain political contributions, interest or other inpolitical contributions or interest or other income from political	spended contributions if, after filing the last required report as ncome from political contributions, or assets purchased with
		Signature of Officeholder