

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI Sylvia NICKNAME      LAST      SUFFIX Campos	<b>OFFICE USE ONLY</b> Date Received <b>Date Filed 1/17/23</b> <u>Rebecca Huerta</u> <b>Rebecca Huerta</b> City Secretary Date Received (if applicable) _____ Receipt #      Amount \$ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;      APT / SUITE #      CITY;      STATE;      ZIP CODE 4410 Fir Street Corpus Christi, TX 78411		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (361) 687-7259		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI Sasha NICKNAME      LAST      SUFFIX Samaniego		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 4405 Little John, Corpus Christi, TX 78411 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (361) 947-9089		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 12 / 6 / 2022      THROUGH      1 / 12 / 2023		
11 ELECTION	ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 12 / 13 / 23 <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
Council member District 2			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

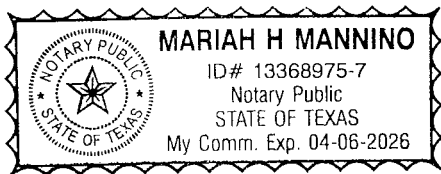
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2300
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2330.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 836.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.



Sylvia Campos  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Sylvia Campos this the 17 day of January, 2023, to certify which, witness my hand and seal of office.

[Signature] Mariah Mannino Notary public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <i>Sylvia Campos</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2300
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 E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2330 <sup>00</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

*See Attached*

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 Total pages Schedule A1:
2 FILER NAME <i>Sylvia Campos</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / 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.

SYLVIA CAMPOS CONTRIBUTIONS FROM 12/6/ thru 1/12/2023							Self Employed
Date	Name	Address	City	Zip	Job	Amount	
12/20/2022	Gloria Caceres	4202 Aaron Cove	Corpus Christi	78413	Service manager	\$50.00	Alvarez Bus Cons
1/2/2023	Mo Motaghi	2921 Ocean Dr	Corpus Christi	78404	President	\$750.00	Zebra LLC
1/4/2023	Ruben Bonilla	P O Boc 5060	Corpus Christi	78465	Attorney	\$1,000.00	Self Employed
1/9/2023	Hugo Berlanga	26 Hewitt Dr	Corpus Christi	78404	Gov't Consultant	\$500.00	
					Total	<b>\$2,300.00</b>	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**  
*See Attached*

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

## 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Sylvia Campos</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City; State; Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<input type="checkbox"/> <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

Expenses for Sylvia Campos 12/6/22-1/12/23

DATE	PAYEE	PURPOSE	ADDRESS	CITY	STATE	ZIP	AMOUNT
12/14/2022	Pizza Hut	Food for Run	3821 S. Stapl	Corpus Christ	Texas	78411	\$71.88
12/14/2022	Pizza Hut	Food for Run	3821 S. Stapl	Corpus Christ	Texas	78411	\$72.35
12/19/2022	Linda's Restu	Food for Me	4033 Gollihar	Corpus Christ	Texas	78411	\$27.45
12/20/2022	Eddie Canale	Campaign Co	7021 Bevingto	Corpus Christ	Texas	78413	\$500.00
1/2/2022	Office Depot	Invitations	5425 S. Stapl	Corpus Christ	Texas	78412	\$45.52
1/3/2023	Office Depot	Paper	5425 S. Stapl	Corpus Christ	Texas	78411	\$13.76
1/3/2023	U S Post Offic	Postage	481 Everhart	Corpus Christ	Texas	78411	\$60.00
1/3/2023	San Blas	Meeting	920 Louisiana	Corpus Christ	Texas	78404	\$33.44
1/4/2023	Office Depot	Printing	1737 S. Stapl	Corpus Christ	Texas	78411	\$13.24
1/4/2023	Facebook	ADs	1 Hacker Way	Menlo Park	California	94025	\$69.00
1/5/2023	Lisa Hernand	Consult	434 Villa Dr	Corpus Christ	Texas	78408	\$260.00
1/6/2023	Pizza Hut	Food for Me	3821 S. Stapl	Corpus Christ	Texas	78411	\$40.79
1/8/2023	Office Depot	Invitations	5425 S. Stapl	corpus Christ	Texas	78411	\$57.57
1/9/2023	53rd MLK Ga	MLK	2023 Ortiz Ct	Corpus Christ	Texas	78401	\$65.00
1/10/2023	Los Mariachis	Taco Truck Sv	3933 Barnes	Corpus Christ	Texas	78415	\$400.00
1/10/2023	R & B Funnel	Taco Truck Sv	2050 Rockfor	Corpus Christ	Texas	78416	\$600.00
							<b>\$2,330.00</b>

# LOS MARIACHIS

## PERFORMANCE CONTRACT AGREEMENT

Client Information  
Deposit paid \_\_\_\_\_ Balance due \_\_\_\_\_ Total 400

Name (first/last) La Lisa Hernandez e-mail lalisher Hernandez@yahoo.com  
Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

### Event Information

Date of event (day/month/year) 1/10/23 Start Time 8:30 am/pm - End Time 9:30 am/pm  
Type of Event \_\_\_\_\_  
Event Location Address Sylvia Campos - Taas Mariachi's City Hall

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact on Day of the Event: Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

★ To Submit Your Completed Form ★  
To contract Los Mariachis, simply complete and submit the information on this page  
by e-mail, mail or call-in your request.

e-mail: [losmariachiscc@gmail.com](mailto:losmariachiscc@gmail.com) Phone: 361-429-6358  
Mail: 3933 Barnes, Corpus Christi, TX 78415

### CREDIT CARD INFORMATION

We will not charge your card without first calling to verify price and availability!

Cardholder Name \_\_\_\_\_  
Card number \_\_\_\_\_  
Expiration (mm/yy) \_\_\_\_\_  
CV# \_\_\_\_\_  
Zip code (where card statements are mailed) \_\_\_\_\_  
Cardholder signature \_\_\_\_\_