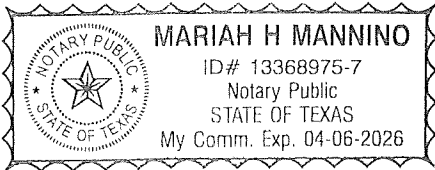


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Sylvia Campos		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)	\$ 200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,598.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,867.87
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 15th day of January, 2025, 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 Sylvia Campos		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 200.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,598.51
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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.	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 to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sylvia Campos		3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Mikell Smith	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code [REDACTED] CC Tx 78412		
8 Principal occupation / Job title (See Instructions) Program Manager		9 Employer (See Instructions) Texas A & M
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

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	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.

1 Total pages Schedule F1: 1	2 FILER NAME Sylvia Campos	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name See Attached	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
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	
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/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 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

Sylvia Campos Expense Report 10/27/24-12/31/24							
DATE	PAYEE	PURPOSE	ADDRESS	CITY	STATE	ZIP	AMOUNT
10/28/24	Joy Wright	Contract Labor	510 So. Chaparrel	CorpusChristi	Texas	78401	\$180.00
10/29/24	La Lisa	Contract Labor	434 Villa	Corpus Christi	Texas	78408	\$500.00
10/29/24	Eagle Bear	Contract Labor	610 Naples	Corpus christi	Texas	78404	\$22.50
10/29/24	Meagan Alvarado	Contract Labor	610 Naples	Corpus christi	Texas	78404	\$22.50
10/31/24	Dora Wilburn	Contract Labor	4314 Cottage	Corpus Christi	Texas	78415	\$52.50
11/4/24	Sarah Wilburn	Contract Labor	4314 Cottage	Corpus Christi	Texas	78415	\$60.00
11/4/24	Veronica Arreola	Contract Labor	629 Collingswood	Corpus Christi	Texas	78412	\$300.00
11/5/24	Melissa Zamora	Contract Labor	434 Louisiana	Corpus Christi	Texas	78404	\$45.00
11/7/24	Joy Wright	Contract Labor	510 So. Chaparral	Corpus Christi	Texas	78401	\$202.50
11/14/24	Dora Wilburn	Contract Labor	4314 Cottage	Corpus Christi	Texas	78415	\$240.00
11/13/24	Steve Garza	Contract Labor	2606 Montgomery	Corpus Christi	Texas	78405	\$150.00
11/20/24	Joy Wright	Contract Labor	510 So. Chaparral	Corpus Christi	Texas	78401	\$240.00
12/6/24	La Lisa Hernandez	Contract Labor	434 Villa	Corpus Christi	Texas	78408	\$250.00
11/1/24	HEB	Food	4444 Koystoryz	Corpus Christi	Texas	78411	\$43.21
11/4/24	Portis Kountry K	Food	213 So. Chapparrel	Corpus Christi	Texas	78401	\$106.63
11/6/24	House of Rock	Food	511 Star	Corpus Christi	Texas	78401	\$28.85
11/12/24	Lucy's Snack Bar	Food	312 So. Chaparral	Corpus Christi	Texas	78401	\$44.82
11/21/24	TCE Vote Clean	Donation	814 San Jacinto #410	Austin	Texas	78701	\$100.00
12/17/24	David Hogg	Donation	611 Pennsylvania SE	Washington	DC	20003	\$10.00
						TOTAL	\$2,598.51