CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Com	mission Filers)	2 Total pages filed:	OFFICE USE ONLY Date Filed (12012)
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Sylvia NICKNAME LAST Campo	MI SUFFIX	Date Received
4 ORIGINAL REPORT TYPE		eeded modified reporting	Date Hand, delivered or Date Postmarked City Secretary
	30th day before election 8th day before election app	t Other (specify) n day after treasurer ointment (officeholder only)	Receipt # Amount \$ Date Processed
5 ORIGINAL PERIOD COVERED	Month Day Year 9 / 9 / 2022 TH	Month Day Year ROUGH 10 / 10 / 2022	Date Imaged
6 EVELANATION OF O	/ /		
	ture items in Schedule F1	concerning canvassers were roothat all information can be s	· · •
7 SIGNATURE Sw	ear, or affirm, under penalty of	perjury, that this corrected report	is true and correct.
Che	eck ONLY if applicable:		
Semiannu mislead or	al reports: I swear, or affirm, that to misrepre-sent the information of	the original report was made in good contained in the report.	faith and without an intent to
date I lear		ling this corrected report not later that ed is inaccurate or incomplete. I swe made in good faith.	
		Signature of Candida	Des
(1) Affide VIST TOP My	John D. Bell ID# 279070-5 Notary Public STATE OF TEXAS Comm. Exp. 06-17-2025	Signature of Candida omplete either option below:	
NOTARY STAMP/SI	EAL		
Sworn to and subscrib	ed before me by Sylvia Camp	DOS this the	2014 day of June ,
20 <u>23</u> to sen	tify which, witness my hand and seal of o	HN DBELL	Notary Public
Signature of officer admin	istering oath Printed nam	e of officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declar	ation		
My name is		, and my date of birth is _	
My address is			
	(street)	(city) (st	ate) (zip code) (country)
Executed in	County, State of	, on the day of (month)	, 20 (year)
			ate/Officeholder (Declarant)
Pamambar Ta A	ttach Any Part Of The Compositor	Finance Penort Form Needed To F	

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** SYLVIA NAME Date Received LAST SUFFIX NICKNAME Date Filed <u>6/20/23</u> CAMPOS 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE OFFICEHOLDER **MAILING** 4410 Fir Street, Corpus Christi, TX 78411 **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hait deli Secretano marked **OFFICEHOLDER** (361)687-7259 PHONE Receipt # Amount \$ MS / MRS / MR FIRST МІ 6 CAMPAIGN **TREASURER** Sasha Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Samaniego STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN **TREASURER** 4405 Little John Corpus Christi TX 78411 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** PHONE 947-9089 (361)9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Month Day Year COVERED 9 2022 9 10 10 2022 **THROUGH** ELECTION TYPE **ELECTION DATE** 11 ELECTION Primary Runoff Other Description X General Special 8 / 2022 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE City Council District 2 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Sylvia Ca	ampos	16 Filer I	ID (Ethics Cor	nmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	I	\$	60.52
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 7,2	269.49
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	00
	4. TOTAL POLITICAL EXPENDITURES		\$ 1,2	239.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 6,0)29.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	\$	00
	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code. Signature of Ca	٠ ١	pos)
	Please complete either option below	v:		
	John D. Bell ID# 279070-5 Notary Public STATE OF TEXAS Comm. Exp. 06-17-2025			
NOTARY STAMP/SEA Sworn to and subscribed	Sylvia Campos	20h	day of	June,
00	y which, witness my hand and seal of office.	١	Notary Pu	blic administering oath
	OR			
(2) Unsworn Declarat	ion			
My name is	, and my date of birth is	s		
			1	·
			(zip code)	(country)
Executed in	County, State of , on the day of (mont	th)	, 20 (year)	
	Signature of Cand	lidate/Offic	ceholder (Dec	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Sylvia Ca		20 Filer ID (Ethics Con	nmiss	ion Filers)
21 SCHEDULE NAME OF SC				SUBTOTAL AMOUNT
1. X so	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,208.97
2. St	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. S	CHEDULE E: LOANS		\$	
5. X so	CHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	1,239.63
6. S	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	- Art - Affire
7. S	CHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8. S	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. So	CHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	IDS	\$	
10. SC	CHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11. Sc	CHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12. S	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1 Total pages Schedule A1:
3 Filer ID (Ethics Commission Filers)
7 Amount of contribution (\$)
tructions)
) Amount of contribution (\$)
tructions)
Amount of contribution (\$)
tructions)
) Amount of contribution (\$)
tructions)

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

Schedule A1 Attachment

Date Name of Contributor	Address	⋖	Amount	Occupation	Employer
22 Br	319 Rosebud, Corpus Christi, TX 78404	↔	50.00		
9/12/2022 Sally Farris	13043 Hunters Breeze, San Antonio, TX 78230	↔	100.00		
9/19/2022 Cail) : aiii.	1 Ventures Field Rd. Northampton, MA 01060	↔	500.00	500.00 not employed	n/a
9/33/2022 John O'Farrell	320 Fletcher Dr. Atherton, CA 94027	↔	192.31	192.31 investor	AH Capital
9/24/2022 Jeanne Leonard	332 Troy Dr., Corpus Christi, TX 78412	↔	100.00		
9/24/2022 Steve Newman	20 Bow Way, Portola Valley, CA 94028	s	708.33	708.33 software eng	SentinelOne
9/24/2022 Steve Newman	20 Bow Way, Portola Valley, CA 94028	s	708.33	708.33 software eng	SentinelOne
9/15/2022 Grace & Kenneth Coolev	4638 Abner, Corpus Christi, TX 78411	S	150.00 retired	retired	n/a
10/7/2022 Floria & Alfredo Aguilar	346 Brooks Dr., Corpus Christi, TX 78408	()	200.00 retired	retired	n/a
10/3/2022 Theresa Preston-Werner	325 Upper Toyon, Ross, CA 94957	↔	\$ 2,000.00 founder	founder	Preson-Werner
10/6/2022 Nicholas Josefowitz	2512 Pacific Ave, San Francisco, CA 94115	↔ ↔	\$ 2,500.00 \$ 7,208.97	\$ 2,500.00 executive \$ 7,208.97	Ventures SPUR

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)

Date Payee name Amount (\$) Payee address; City; State; PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expenditure to benefit C/OH Date Payee name City; State; Check if Austin, TX, officeholder living expenditure to benefit C/OH Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expenditure to benefit C/OH Check if Austin, TX, officeholder living expenditure to benefit C/OH Check if Language August 1	Zip Code
SEE SCHEDULE ATTACHED 6 Amount (\$) 7 Payee address; City; State; 8 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Category (See Categories listed at the top of this schedule) Office sought Office Sught Officeholder living expenditure to benefit C/OH Check if travel outside of Texas. Complete Schedule T. City; State; Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder living expenditure Officeholder living expenditure Complete QNLY if direct Candidate / Officeholder name Office sought Officeholder living expenditure Officeholder living expenditure Officeholder Officeholder living expenditure Officeholder Officeholder living expenditure Officeholder Officeholder living expenditure Officeholder Officeholder Inving expenditure Officeho	spense
8 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expenditure to benefit C/OH Date Payee name Candidate / Officeholder name Office sought	spense
PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State; Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description	.
9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expenditure to benefit C/OH Candidate / Officeholder name Office sought	.
Date Payee name Amount (\$) Payee address; City; State; Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living ex Complete ONLY if direct Candidate / Officeholder name Office sought	ffice held
Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living ex Complete ONLY if direct Candidate / Officeholder name Office sought	
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PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Office holder name Office sought Other countries Complete ONLY if direct Candidate / Office holder name	Zip Code
Complete ONLY if direct Candidate / Officeholder name Office sought Ot	
Complete ONLT if direct	xpense
	ffice held
Date Payee name	
Amount (\$) Payee address; City; State;	Zip Code
Category (See Categories listed at the top of this schedule) 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 ex	xpense
Complete ONLY if direct Candidate / Officeholder name Office sought Complete on the complete of the complete on the complete of the complete of the complete on the complete of the complete o	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

Schedule F1 Attachment

Date Payee Name 9/23/2022 Harbor City	⋖	Amount 155.00	Payee Address 5801 S. Staples	City-State Corpus Christi, TX	ZIP Category 78413 Advertising Expense	Purpose T-Shirts
9/26/2022 Gulf Coast Printing	↔	83.35	6901 S.P.I.D.	Corpus Christi, TX	78412 Advertising Expense	push cards
9/28/2022 Act Blue	↔	36.92	366 Summer Pl	Somerville, MA	02144 Fundraising Expense	Processing Fees
9/28/2022 Act Blue	↔	67.78	366 Summer Pl	Somerville, MA	02144 Fundraising Expense	Processing Fees
9/29/2022 HEB	↔	10.33	3033 S. Port	Corpus Christi, TX	78405 Office Expense	paper
9/29/2022 HEB	↔	29.11	4444 Kostoryz	Corpus Christi, TX	78415 Advertising Expense	gas
9/30/2022 Dollar Tree	↔	10.83	4104 S. Staples	Corpus Christi, TX	78411 Event Expens	Event Expense Gay Parade Materials
10/2/2022 Walmart	↔	11.90	5601 Lyons Rd	Coconut Creek, FL	33073 Event Expense Gay Parade Materials	se Gay Parade Materials
10/4/2022 Office Depot	↔	63.32	1737 S. Staples	Corpus Christi, TX	78404 Office Expense	Toner
10/4/2022 Muy Proven	↔	42.22	42.22 1715 S. Staples	Corpus Christi, TX	78404 Food/Bev Expense	Food
10/5/2022 HEB	↔	29.40	4444 Kostoryz	Corpus Christi, TX	78415 Advertising Expense	gas
10/6/2022 Harbor City	↔	39.00	5801 S. Staples	Corpus Christi, TX	78413 Advertising Expense	T-Shirts
10/6/2022 Gulf Coast Printing	↔	360.47	6901 S.P.I.D.	Corpus Christi, TX	78412 Advertising Expense	push cards
10/7/2022 Dora Wilburn	↔	100.00	4314 Cottage	Corpus Christi, TX	78415 Advertising Expense	Canvassing

Schedule F1 Attachment

Date	Payee Name	⋖	mount	Amount Payee Address	City-State	ZIP	Category	Purpose
10/7/2022 §	10/7/2022 Sarah Wilburn	↔	100.00	100.00 4314 Cottage	Corpus Christi, TX	78415 /	78415 Advertising	Canvassing
10/7/2022 F	10/7/2022 Rebecca Wilburn	↔	100.00	00.00 4314 Cottage	Corpus Christi, TX	78415	Lapense 78415 Advertising	Canvassing
						_	Expense	

\$ 1,239.63