CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Suide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	19
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Tamm	MI	OFFICE USE O	NLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	
		Meinersha	MA	RECEIVED)
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX	X; , APT / SUITE #; C	CITY: STATE; ZIP CODE	2, 200	
MAILING				JUL 1 1 20	
ADDRESS Change of Address				2:45 P.8	
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	CTTY SECRETARY'S	
OFFICEHOLDER PHONE					
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amour	nt S
TREASURER NAME	`	Bob	,	Date Processed	
77.11	NICKNAME	LAST	SUFFIX	Date Imaged	
		Camy	Phell		
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / Su	UITE #, CITY;	STATE; ZIP CC	DDE
ADDRESS	2925	Montreaux	FriSip	Tx 750	1211.
(Residence or Business)				1/ 0/-	29
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(214)	533 -1	0666	3	*
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaig treasurer appointment (Officeholder Only)	
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/	OH-FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
OOVERED	01	101/202	2 THROUGH Ob	30/200	2
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	05/07	General	Special		-
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known))	
			city con	rail Mare	,2
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES MANAY HAVE BEEN MADE WITHOUT THE CANDRED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOLDER'S KNO	OWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	,		
	GENERAL	COMMITTEE ADDRESS			
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
	SPECIFIC		TO STEEL THATE	ř	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5 C/OH NAME	14 25 20 21	16 Filer ID (Ethics Commission Filers)		
Tammy Meinershagen -				
17 CONTRIBUTION TOTALS	 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)	\$ 26,641.50		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,566,43		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 15,566,43 TDAY \$ 1,633.57		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	and correct and includes all information		
C-5020				
	Chr (III)	an =		
	Signature of Car	ndidate or Officeholder		
	Please complete either option below	:		
\$450 \$400 \$400 \$400 \$400 \$400 \$	SHARON L. PERRY			
(1) Affidavit	NOTARY PUBLIC ID# 128215849			
	State of Texas Comm. Exp. 03-22-2026			
NOTARY STAMP/SEAL	mmmmm			
		with 1		
Sworn to and subscribed	before me by Tammy Meinershagen this the	day of July		
20 22 , to certify	which, witness my hand and seal of office.	0 /		
though.	eny Sharon Perry	Notary		
Signature of officer administer		Title of officer administering oath		
	OR			
(2) Unsworn Declaration	on			
My name is	, and my date of birth is			
	··			
	(street) (city) (s	tate) (zip code) (country)		
cecuted in	County, State of, on the day of	, 20 (year)		
	Signature of Candid	ate/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Bob Campbell 20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	s 17,200.0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 9441,50
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,566.43
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	\$

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	1 Total pages Schedule A1:			
2 FILER NAME	Bob Campbell		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)		
2/18/22	Glenn + Robyn Feels 6 Contributor address; City;		\$200.00		
	7507 Blossom Lane Tr	1500,TX 75034			
	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)		
AV	+ Director	The Galle	ny 8680		
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)		
2/18/22	Molanie + Jave Hov Contributor address; City;	State; Zip Code	\$ 1,000.00		
	6998 Memorial Dr. Tris	500, TX 75034			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
Say	es Director	Medinki	nd		
Date	Full name of contributor	Control Control of Control Con	Amount of contribution (\$)		
422/22	Contributor address; City;	State; Zip Code	\$100.00		
	5916 Driffing Springs F pation / Job title (See Instructions)	1154 TX 75034			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	(hist + Author	sal			
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)		
2/23/22	Cynthia Tremmel Contributor address; City:	State; Zip Code	#100.00		
	3200 Mason Dr. Plans IX 15025				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
W	eb Designer I Owner	sat,	Cynergy ac		
	V				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

1/10

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	Bob Campbell		3 Filer ID (Ethics Commission Filers)
4 Date 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5 Full name of contributor out-of-state PAC Stophame Clevel 9 6 Contributor address; City; 14080 Red Wood Cime Sou		7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date		(ID#:)	Amount of contribution (\$)
3/2/22	Sherne Salas Contributor address; City; 498 Pant Loma Fisc		\$40,00
	110 1911 WILL 1350	01 (X 1) 0%	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	The state of the s	(ID#:)	Amount of contribution (\$)
3/2/22	Cassandya Newisc Contributor address; City;	State; Zip Code	\$20.00
	8162 Lewis Canyon Fri	310, TX 75036	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	Parnugal	Good Len	2
Date	A	(ID#:)	Amount of contribution (\$)
3/2/2	Contributor address; City; 2745 Mantleaux Frisza,	State; Zip Code TX 15034	\$ 200.00
4-11-11-11-11-11-11-11-11-11-11-11-11-11		,	
	pation / Job title (See Instructions)	Employer (See Instruction Date of the Employer (See Instruction)	11 11111

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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 Prob Campbell	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
7/12 Angolia + Dano Paham 6 Contributor address; City; State; Zip Code	\$ 500.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ructions)
consystant Real Ta	uc loading
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
3/712 Charlie + Anshin Wesderl Contributor address; City; State; Zip Code	\$ 100.00
13783 Alden In. Friso, Tx 75035	
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
Eyentive Director Moderly	of Hope
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
3/112 Ramon Thonyson Contributor address; City; State; Zip Code	\$ 50.00
2001 Cane 44 Dr. 1730, Tx 75034	
Principal occupation / Job title (See Instructions) Employer (See Instru	ructions)
whoughe act oxec N/A	
Date Full name of contributor out-of-state_PAC (ID#	_) Amount of contribution (\$)
3/12 Contributor address; City; State; Zip Code	1 100,00
12104 Mexandria Dr. Trisa Tx 750	7
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
ave citib	anc

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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	Prob Campbal	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3/15/22	6 Contributor address; City; State; Zip Code	\$200.00
	4560 Druid HUS Frisco Tx 7500	3-1
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instr	ructions)
100 TO THE STATE OF THE STATE O	owner levis	Marketing
Date	Full name of contributor	Amount of contribution (\$)
3/15/22	David Suh Contributor address; City; State; Zip Code	4250.00
	31 Capot Court Chesterbrook, PA 192	987
Principal occup	eation / Job title (See Instructions) Employer (See Instru	ructions)
Consulti	ng owner sul	
Date	Full name of contributor	
3/16/24	Contributor address; City; State; Zip Code 5408 Southern HUD - Mro, TX 7503	\$ 100.00
Principal occup	Pet VIA Employer (See Instructions)	ructions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
3/19/2	Contributor address: City; State; Zip Code 1447 Cudration Dr. Min, Tx 1503	¥ 500.00
	1447 Celebration Dr. MADIX 1303	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions) NWMAMS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

4/10

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 Prob Campbell	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
3/20/22 6 Contributor address; City; State; Zip Code 14/42 Sovano Do Tissa, Tx 75034	\$100.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	
HR Manager Bank of	- America
Date Full name of contributorout-of-state PAC (ID#	/ intodire of definitionation (4)
3 21 Contributor address; City; State; Zip Code	Company (1990) 6764 - 2002 Company
Principal occupation / Job title (See Instructions) Employer (See Instru	1
Aven Manager Union H	me Mortgage
Date Full name of contributor out-of-state PAC (ID#:	7 miledite of Contribution (4)
25 Fairway Dr. Frigur, TX 75 of	\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
Photographer set	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/2 Parkara + Sut Scribner Contributor address; City; State; Zip Code	\$100.00
5980 Driverne Sonnes Frism TX 150	7
Principal occupation / Job title (See Instructions) Employer (See Instru	
	Williams

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5/10

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 fo	orm.	Total pages Schedule A1:
2 FILER NAME	Bob campbell	3	3 Filer ID (Ethics Commission Filers)
4 Date	The control of the co		7 Amount of contribution (\$)
3/23/2	Magine Deiner 6 Contributor address; City; 6726 Canyan Lake Dr.	State: Zip Code 1503	\$ 100.00
8 Principal occu		Employer (See Instruction	ns)
	Refinct		
Date	Full name of contributor)#)	Amount of contribution (\$)
29/22/22	Maria trypolds - Contributor address; City; 6976 Sugarfree M 673	State; Zip Code	\$ 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	
	Petined		
Date)#:)	Amount of contribution (\$)
3/23/22	Contributor address; City;		\$ 250.00
	6792 Limuan Hills With	12,1× 7536	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
	Per Vica		
Date	Full name of contributor out-of-state PAC (ID)#)	Amount of contribution (\$)
Date		State; Zip Code	\$100 OD
3/22/20	Full name of contributor	State; Zip Code	3 \$100.00
Shrincibal occul	Full name of contributor out-of-state PAC (ID) Contributor address; City: Contributor Paddward M.	State; Zip Code	3 \$100.00 ns)

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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	Evar Bob Campbell	3 Filer ID (Ethics Commission Filers)
4		5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	3/15/12	6 Contributor address; City; State; Zip Code 6801 Gaylord Parlowny Friswitx 7503	\$ 2,500.00
	B.i. i. i.	6301 ejaglost jaile og Frisa, ix 1)03	77
8	1	Dation / Job title (See Instructions) 9 Employer (See Instru 4 HM L HM 1 HM	A
	Date	Full name of contributor	Amount of contribution (\$)
-	3/26/22	Meshan Gran Contributor address; City; State; Zip Code 9428 Renalton Ct. TVTSno, TX 750	
	Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)
		Home Bysiness Self	-
	Date	Full name of contributor	Amount of contribution (\$)
	3/2/2	Contributor address; City; State; Zip Code	\$200,00
		5017 Day KMOI M. FOSM, TX 750	34
	Principal occup	eation / Job title (See Instructions) Employer (See Instru	
		Detived	
	Date	Full name of contributor	Amount of contribution (\$)
(3/29/22	Stave South Contributor address; City; State; Zip Code	9 1,000.00
	1	9255 Proston Rd. trisuity 760	33
	Principal occup	pation / Job title (See Instructions) Employer (See Instru	10 (A () () () () () () () () ()
		Vice President frier Film	od of Music

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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	Bolz Campbell		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (7 Amount of contribution (\$)
3/29/2	Burbara Manco 6 Contributor address; City; 1799 Doxter Friga, 7 pation / Job title (See Instructions)		\$ 100.00
8 Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	resince		
Date) A	ID#:)	Amount of contribution (\$)
Halm	Contributor address; City; 3405 Estacado M. Ma	State; Zip Code Moj TX 1502	\$ \$250,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	Control of the Contro
	Principal	Ernst +	Jamas
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
2/24/22	Contributor address; City; Hyol Liam Dr. Firsts,		\$250.00
	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Semer	Impumentation My	EMDY	
Date	Full name of contributor uut-of-state PAC	190/1907	Amount of contribution (\$)
4/5/22	Contributor address; City;	State; Zip Code	\$100.00
	5617 Widgen Way To	150, Do 75034	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
R	AVER		

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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	1 Total pages Schedule A1:	
2 FILER NAME	Bob cample11		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state_PAC	(ID#)	7 Amount of contribution (\$)
3/6/22	Toda Meinevsha 6 Contributor address; City;	State; Zip Code	\$ 1,000,00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
	IT Architect	Payca	
Date	Full name of contributor	(ID#)	Amount of contribution (\$)
Aldr	Contributor address; City;	NY Ståte; Zip Code	\$ 1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Pe	altor	Monumen	it Pearly
Date	Full name of contributor		Amount of contribution (\$)
2/21/22	Contributor address; City;		\$ 500.00
	6669 Wined 1 House Ct. 7	TX TX TSO	36
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Prosident	Theatre	e Trisao
Date	Full name of contributor out-of-state_PAC	3.22.2	Amount of contribution (\$)
2/28/20	Contributor address; City;	State Zip Code	\$ 5,000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Perived		

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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	1 Total pages Schedule A1:	
2 FILER NAME	Bob campbell	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ut-of-state PAC	(ID#)	7 Amount of contribution (\$)
2924/22	6 Contributor address; City;		\$ 100.00
	12470 Pleasoury Grove	Frisav, Tx 75	634
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor uut-of-state PAC	(ID#)	Amount of contribution (\$)
1422/22	Contributor address; City;	KoboN3	
4/1/11	Contributor address; City;	State; Zip Code	\$ 500.00
	3862 Blowing Star Pa	e	
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
U	When	Michelles	1 Atenores
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instruc			etions)
1			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:		
2 FILER NAME Bob Cample 11	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	sutions \$ 9441.50		
5 Date 6 Full name of contributor out-of-state PAC (ID#	8 Amount of 9 In-kind contribution Contribution \$ description		
3/1/22 Contributor address; City; State; 3200 Mason Drive Playy T	zip Code # 6,500. 90 Nichsite		
3200 Mason Drive Player T	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)	5ef Cynergy nc 13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
12 Contributor's principal oécupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description		
31 15/22 Samuel Sandra Moon Contributor address; City; State;	zip Code \$2941.50 Frod / drink		
6007 Legay Dr Plang TX	Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)		
OWNER	Sam Moon Evoye		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor 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.

SCHEDULE F1

		EXPE	NDITURE CA	TEGORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expens Fees Food/Beverag Gift/Awards/M Legal Service	je Expense Iemorials Expense	Office Over Polling Exp Printing Ex		Travel In District Travel Out Of Distri	ipment & Related Expense
Credit Cald Payment		The Instru	ction Guide exp	olains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME	Bob (emph	e11	3 Filer ID (Ethi	cs Commission Filers)
4 Date 3/1/22	5 Payee na	ime &	vogen	1 Do	2		
6 Amount (\$)	7 Payee ac	dress;	0	(City;	State;	Zip Code
2486.58	15	10 K	ain st	5	Fisco	TX	15034
8	(a) Categor	y (See Categori	es listed at the top of	f this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Би	ens	Expan	sc	t-shi	As, Was	er bother
	(c)	Check if travel ou	tside of Texas. Compl	ete Schedule T.	Check if Au	ıstin, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeho	older name		Office sought		Office held
Date	Payee na	me					
3/21/22		g,	rogen	Dos			
Amount (\$)	Payee ad	ldress;		0	City;	State;	Zip Code
1,500.00		7510	Mar	in \$7	· Tri	Sta / TX	15034
	Category	(See Categorie	s listed at the top of t	his schedule)	Description		
PURPOSE OF EXPENDITURE		Prim	fing		Yan	signs	
(a) registro al trattir so apenina appenia i societi.		Check if travel ou	tside of Texas. Comple	ete Schedule T.	Check if Au	stin, TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeho	older name		Office sought		Office held
Date	Payee na	ime					
4/21/22	671	100gg	y Doa				
Amount (\$)	Payee ad	dress;	0		City;	State;	Zip Code
580.49	751	, M.	ain &	+.	Frisn	o TX	75034
	Category	(See Categories	listed at the top of the	his schedule)	Description		
PURPOSE OF EXPENDITURE	EV	ent t	sepons	c	extra	t-8614	5
		Check if travel out	side of Texas. Comple	te Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeho	older name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	al Committee 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:	2 FILER NAME POS CAM	whell 3 Filer ID (Ethics Commission Filers)		
4 Date 8 21 22	5 Payee name	sinting		
6 Amount (\$)	7 Payee address;	Ocity; State; Zip Code		
63.23	8585 John We	say Dr. Fish Tx 75030		
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description		
PURPOSE OF EXPENDITURE	Printing	Campaign Postards		
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
3/23/22	Frigo Print	in 2		
Amount (\$)	Payee address;	City; State; Zip Code		
53.59	8585 Jahn Wa	sey Dr. Frisno, TX 75034		
	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF EXPENDITURE	Printing	Rack Cards		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
2/22/22	Staples			
Amount (\$)	Payee address;	City; State; Zip Code		
40.69	3333 Preston	Pd. Friszo, TX 75034		
	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF EXPENDITURE	Printing loffice	e office surplies, copies		
	Check if travel outside of Texas. Complete School	dule T. Check if Austin, 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 2/5				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Expense Office Ove Polling Expense Printing Expense Printing Expense Salaries M	Appense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)			
	The Instruction Guide explains how to c	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Bob Camp	Sell 3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
342	Cynergy - nk				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
931.10	3200 Mason D.	Man TX 75025			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Fraghiz/ Branding creation			
	(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/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
2111					
2/10/22	Go LOLAI Gra	LINE			
Amount (\$)	Payee address;	City; State; Zip Code			
2500.00	10618 Tobias L	are Trisso TX 75033			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expanse	videography			
	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	Office sought Office held			
Date	Payee name				
3/2/22	Vanissa Corral	photography			
Amount (\$)	Payee address;	City; State; Zip Code			
500.00	4216 Addax	Trail Friszo, TX 75034			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Expanse	Photos for kickoff			
	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	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 311-					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Office Food/Beverage Expense Pollin y Gift/Awards/Memorials Expense Printii	Repayment/Reimbursement e Overhead/Rental Expense g Expense ng Expense ies/Wages/Contract Labor Solicitation/Fundraisir Transportation Equipm Travel In District Travel Out of District Other (enter a categor	nent & Related Expense	
Oredit Gard Fayineric	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME BOD CAM	shell 3 Filer ID (Ethics	Commission Filers)	
4 Date 3 1/2	5 Payee name Puss Hem	14		
6 Amount (\$)	7 Payee address;	City; State;	Zip Code	
500,00	1804 6. Branch H	ollow Dr. Carroll+	an, TX	
8	(a) Category (See Categories listed at the top of this schedule	e) (b) Description		
PURPOSE OF EXPENDITURE	Event Expanse	Musician		
	(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			
3/2/2	Taal Team			
Amount (\$)	Payee address;	City; State;	Zip Code	
200.00	โกร รา	0, TX 75034		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Indian Dancer	3 event	
	Check if travel outside of Texas Complete Schedule T.	Check if Austin, TX, officeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought C	Office held	
Date	Payee name			
4/13/22	Melanie Hort.	DI .		
Amount (\$)	Payee address;	City; State;	Zip Code	
99.00	6998 Memoria	1 Frisca TX	75034	
PURPOSE	Category (See Categories listed at the top of this schedule)	V2-57/2-2010-7/37/2017	P	
OF EXPENDITURE	Office overhead	Mailing P.O.	MAX TE	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living ex	xpense	
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 4/5				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Office C Food/Beverage Expense Polling I By Gift/Awards/Memorials Expense Printing	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Relate Travel In District Travel Out Of District Other (enter a category not listed ab		
Credit Card Payment	The Instruction Guide explains how to	complete this form.	it Mary II. An II. 1999 Medica (1994) An III. 1894-90 Anni 1975 (1993) (An III. 1974) (1995)	
1 Total pages Schedule F1:	2 FILER NAME Bob Cam	phell 3 Filer	ID (Ethics Commission Filers)	
4 Date 3 12 22	5 Payee name Elizabese	Morrow		
6 Amount (\$)	12112 Jarene To	city;	State; Zip Code	
100,00		VVI na VX	11035	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expanse	Flowers for	or fruct	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	eholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/1/22	Donor Box			
Amount (\$)	Payee address;	City;	State; Zip Code	
246.56				
	Category (See Categories listed at the top of this schedule)	Description	orhan -	
PURPOSE OF	Fees	online done	whon for	
EXPENDITURE				
Complete ONLY if direct	Check if travel outside of Texas Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, office		
expenditure to benefit C/OH		Office sought	Office held	
Date	Payee name			
3/23/22	NOST Cafe	5		
Amount (\$)	Payee address;	City;	State; Zip Code	
11.75	7777 Warren	kny Fis	20 TX 7503	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Beverage	Meeting	-	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	holder 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 5/5				