

FORM C/OH
COVER SHEET PG 1

Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

5 C/OH NAME

Tammy Meinershagen

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)	\$ <u>26,641.50</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>15,566.43</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,633.57</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE

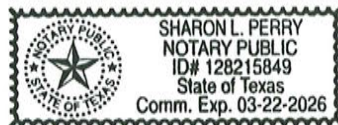
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tammy Meinershagen this the 11th day of July, 2022, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Sharon Perry
Printed name of officer administering oath

Notary
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

Bob Campbell

20 Filer ID (Ethics Commission Filers)

—

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,200.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 9441.50
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	\$ 15,566.43
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

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: 10
2 FILER NAME Bob Campbell		3 Filer ID (Ethics Commission Filers) —
4 Date 2/18/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glenn + Robyn Teehan	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 7507 Blossom Lane Frisco, TX 75034		
8 Principal occupation / Job title (See Instructions) Art Director		9 Employer (See Instructions) The Gallery 8680
Date 2/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melanie + Jake Horton	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 6998 Memorial Dr Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Sales Director		Employer (See Instructions) Mediakind
Date 2/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lane Jordan	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5916 Drifting Springs Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Artist + Author		Employer (See Instructions) Self
Date 2/23/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cynthia Tremmel	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3200 Mason Dr. Plano TX 75025		
Principal occupation / Job title (See Instructions) Web Designer/owner		Employer (See Instructions) Self, Cynergy Inc

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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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: 10
2 FILER NAME Bob Campbell		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephanie Cleveland	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 14080 Redwood Circle South Fisco TX 75071		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sherric Salas	Amount of contribution (\$) \$40.00
Contributor address; City; State; Zip Code 498 Point Loma Fisco, TX 75046		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self
Date 3/2/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cassandra Nechaie	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 8162 Lewis Canyon Fisco, TX 75036		
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Good Leap
Date 3/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ann + Del Harris	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 2745 Montreaux Fisco, TX 75034		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Dallas Mavericks
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> <p align="right">2/10</p>		

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: 10
2 FILER NAME Bob Campbell		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Angelia + Doree Pelham 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$ 500.00
8 Principal occupation / Job title (See Instructions) consultant		9 Employer (See Instructions) Real Talk Coaching
Date 3/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charlie + Austin Wendell Contributor address; City; State; Zip Code 13783 Alden Ln. Frisco, TX 75035	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Melody of Hope
Date 3/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramona Thompson Contributor address; City; State; Zip Code 2001 Cane Hill Dr. Frisco, TX 75034	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions) Wholesale acct. exec		Employer (See Instructions) N/A
Date 3/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eliot Frankel Contributor address; City; State; Zip Code 12104 Alexandria Dr. Frisco TX 75034	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) SNP		Employer (See Instructions) citibank
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> <p align="right">3/10</p>		

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: 10
2 FILER NAME Bob Campbell		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Lewis	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 4560 Druid Hills Frisco TX 75034		
8 Principal occupation / Job title (See Instructions) owner		9 Employer (See Instructions) Lewis Marketing
Date 3/15/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Suh	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 31 Cabot Court Chesterbrook, PA 19087		
Principal occupation / Job title (See Instructions) Consulting owner		Employer (See Instructions) Self
Date 3/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ed Kelly	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5408 Southern Hills Dr. Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) —
Date 3/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jenny Dowdy	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1447 Celebration Dr. Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Keller Williams
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. 4/10</p>		

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: 10
2 FILER NAME Bob Campbell		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dan Peril	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 14142 Sorano Dr WISN, TX 75034		
8 Principal occupation / Job title (See Instructions) HR Manager		9 Employer (See Instructions) Bank of America
Date 3/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lori McCaghen	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 9437 Iranwood Dr. WISN, TX 75034		
Principal occupation / Job title (See Instructions) Area Manager		Employer (See Instructions) Union Home Mortgage
Date 3/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dave McKinney	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 25 Fairway Dr. WISN, TX 75034		
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self
Date 3/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barbara + Scott Scribner	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5980 Dripping Springs WISN, TX 75034		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Keller Williams
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> <p align="right">5/10</p>		

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: <u>10</u>
2 FILER NAME <u>Bob Campbell</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/23/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Maxine Reiner</u>	7 Amount of contribution (\$) <u>\$ 100.00</u>
	6 Contributor address; City; State; Zip Code <u>6726 Canyon Lake Dr. W320, TX 75036</u>	
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions) <u>—</u>
Date <u>3/23/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Maria Reynolds - Dial</u>	Amount of contribution (\$) <u>\$ 100.00</u>
	Contributor address; City; State; Zip Code <u>6956 Sugartree Ln W320, TX 75036</u>	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>—</u>
Date <u>3/23/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Bamy Vaughn</u>	Amount of contribution (\$) <u>\$ 250.00</u>
	Contributor address; City; State; Zip Code <u>6792 Linden Hys W320, TX 75036</u>	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>—</u>
Date <u>3/25/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Michelle Sing</u>	Amount of contribution (\$) <u>\$ 100.00</u>
	Contributor address; City; State; Zip Code <u>4520 Potlatchbrook Ln. Plano, TX 75093</u>	
Principal occupation / Job title (See Instructions) <u>Communications Director</u>		Employer (See Instructions) <u>JC Penney</u>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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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: 10
2 FILER NAME Craig Bob Campbell		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig Hall	7 Amount of contribution (\$) \$ 2,500.00
6 Contributor address; City; State; Zip Code 6801 Gaylord Parkway Frisco, TX 75034		
8 Principal occupation / Job title (See Instructions) CEO / Founder		9 Employer (See Instructions) HALL Group
Date 3/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meghan Green	Amount of contribution (\$) \$ 40
Contributor address; City; State; Zip Code 9428 Penelope Ct. Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Home Business		Employer (See Instructions) Self
Date 3/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott + Deborah Dillingham	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 5017 Oak Knoll Ln. Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) —
Date 3/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve South	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 9255 Preston Rd. Frisco, TX 75033		
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Frisco School of Music
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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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: 10
2 FILER NAME Bob Campbell		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barbara Marzeco	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1799 Dexter Frisco, TX 75034		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) —
Date 3/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thear Suzuki	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3405 Estacado Ln. Plano, TX 75025		
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Ernst + Young
Date 3/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adrian Escalante	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4401 Liam Dr Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Senior Implementation Mgr		Employer (See Instructions) EMDY
Date 4/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mike + Sandy Simpson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5617 Widgeon Way Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) —
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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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: 18
2 FILER NAME Bob Campbell		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Todd Meinershagen	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) IT Architect		9 Employer (See Instructions) Paycom
Date 3/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dana + Jeff Cheney	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Monument Realty
Date 2/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard + Joyce Korn	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6669 Linden Hills Ct, Frisco, TX 75034		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Theatre Frisco
Date 2/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John + Leslie Kenting	Amount of contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) —
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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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: 10
2 FILER NAME Bob Campbell		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charlotte McKenzie	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 12470 Pleasant Grove Fwy, TX 75031		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michelle Kayla Roberts	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 5562 Blazing Star Rd.		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Michelle's Interiors
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.

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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.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Bob Campbell</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>9441.50</u>	
5 Date <u>3/1/22</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Cynthia Tremmel</u>	8 Amount of Contribution \$ <u>\$6,500.00</u>	9 In-kind contribution description <u>Website</u>
7 Contributor address; City; State; Zip Code <u>3200 Mason Drive Plano TX 75025</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Web designer / owner</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Self, Cynergy Inc</u>	
12 Contributor's principal occupation (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 <u>3/15/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Sam & Sandra Moon</u>	Amount of Contribution \$ <u>\$2941.50</u>	In-kind contribution description <u>Food / drink for event</u>
Contributor address; City; State; Zip Code <u>6007 Legacy Dr Plano TX 75024</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>owner</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>Sam Moon Group</u>	
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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. 1/1

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Bob Campbell	3 Filer ID (Ethics Commission Filers)
4 Date 3/1/22	5 Payee name Groggy Dog	
6 Amount (\$) 2486.58	7 Payee address; City; State; Zip Code 7510 Main St. Frisco TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description t-shirts, water bottles
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/21/22	Payee name Groggy Dog		
Amount (\$) 7,500.00	Payee address; City; State; Zip Code 7510 Main St. Frisco, TX 75034		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Yard signs	
	<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 4/21/22	Payee name Groggy Dog		
Amount (\$) 580.49	Payee address; City; State; Zip Code 7510 Main St. Frisco TX 75034		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description extra t-shirts	
	<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

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Bob Campbell	3 Filer ID (Ethics Commission Filers)
4 Date 2/21/22	5 Payee name Frisco Printing	
6 Amount (\$) 63.23	7 Payee address; City; State; Zip Code 8585 John Wesley Dr. Frisco TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Campaign Postcards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/23/22	Payee name Frisco Printing		
Amount (\$) 53.59	Payee address; City; State; Zip Code 8585 John Wesley Dr. Frisco, TX 75034		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description RAVE CARDS	
	<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 2/22/22	Payee name Staples		
Amount (\$) 40.69	Payee address; City; State; Zip Code 3333 Preston Rd. Frisco, TX 75034		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing / office	Description office supplies, copies	
	<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

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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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Bob Campbell	3 Filer ID (Ethics Commission Filers)
4 Date 3/4/22	5 Payee name Cynergy-Ink	
6 Amount (\$) 931.10	7 Payee address; 3200 Mason Dr.	City; State; Zip Code Plano TX 75025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Graphic/Branding creation fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/16/22	Payee name Go Local Group		
Amount (\$) 2500.00	Payee address; 10618 Tobias Lane	City; State; Zip Code Triso TX 75033	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description videography	
	<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 3/2/22	Payee name Vanessa Corral Photography		
Amount (\$) 500.00	Payee address; 4216 Addax Trail	City; State; Zip Code Triso, TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Photos for kickoff	
	<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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Bob Campbell		3 Filer ID (Ethics Commission Filers)	
4 Date 3/2/22		5 Payee name Russ Haritt			
6 Amount (\$) 500.00		7 Payee address; 1804 E. Branch Hollow Dr. Carrollton, TX		City; State; Zip Code 75007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Musician		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 3/2/22		Payee name Taal Team			
Amount (\$) 200.00		Payee address; Frisco, TX		City; State; Zip Code 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Indian Dancers at event		
	<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 4/13/22		Payee name Melanie Horton			
Amount (\$) 99.00		Payee address; 6998 Memorial		City; State; Zip Code Frisco TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead		Description Mailing P.O. Box fee		
	<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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Bob Campbell	3 Filer ID (Ethics Commission Filers)
4 Date 3/12/22	5 Payee name Elizabeth Morrow	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1212 Jerome Tr Triso TX 75035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Flowers for Ltrc OH
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4/1/22	Payee name Donor Box	
Amount (\$) 246.56	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donor box online donation fee
	<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 3/23/22	Payee name Nest Cafe	
Amount (\$) 11.75	Payee address; City; State; Zip Code 7777 Warren Plwy Triso TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description Meeting
	<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

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