## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr James	A	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	10/6/2020 3:02:53 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C 1411 Grissom Lane Texas 79903	SITY; STATE; ZIP CODE El Paso	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 915 ) 252-2942	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. Marco	A	Date Processed
	Little Bear Lopez III		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 1404 Grissom Lane Texas 79903	JITE #; CITY;	STATE; ZIP CODE El Paso
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 63-1362	EXTENSION	
9 REPORT TYPE	January 15 🖌 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	07/06/2020	тнгоидн 10/06	/2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	11/03/2020	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)
		District 2 Represe	ntive
	GO TO	PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)
Mr James A Camp	oos		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	INTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDID DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	<b>G</b> ENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		Marco A. Lopez III	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		1404 Grissom LaneEl Pase79903	o Texas
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ O
	4. TOTAL	POLITICAL EXPENDITURES	<sup>\$</sup> 1194.55
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	<sup>T DAY</sup> \$ 0
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	<sup>тне</sup> \$ 0
18 AFFIDAVIT	1		
			perjury, that the accompanying report is ormation required to be reported by me
		James A Campos	
		Signature of Can	didate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribed before me	by the said James A Campos	, this the _6
day of October		to certify which, witness my hand and seal of office.	
	Jo	hn Glendon	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

## SUBTOTALS - C/OH

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

19 FILER NAME 20 Filer ID (Ethics Commission Filers) Mr James A Campos SUBTOTAL SCHEDULE SUBTOTALS 21 AMOUNT NAME OF SCHEDULE 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$0 2. \$0 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS З. \$0 SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS \$0 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$0 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$0 7. \$0 SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. \$0 SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$1194.55 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ **0** 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$0 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED <sup>\$</sup>0 TO FILER

MONETARY	POLITICAL	CONTRIBUTIONS
----------	-----------	---------------

## SCHEDULE A1

6		te PAC (ID#:) State; Zip Code	<ul><li>3 Filer ID (Ethics Commission Filers)</li><li>7 Amount of contribution (\$)</li></ul>
Date 5	Full name of contributor 🗌 out-of-stat		7 Amount of contribution (\$)
		State; Zip Code	
Principal occupation	n / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	te PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupation	/ Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-stat	te PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupation	/ Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🛛 out-of-stat	te PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupation	/ Job title (See Instructions)	Employer (See Instruc	tions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

Т	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 0
2 FILER NAM	IE		3 Filer ID (Ethics Commission Filers)
Mr James	A Campos		
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$0
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution Contribution 8 description
	7 Contributor address; City; State;	Zip Code	
<b>10</b> Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contribute	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
Date	Full name of contributor   Out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	
			Check if travel outside of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct		

## PLEDGED CONTRIBUTIONS

## SCHEDULE B

Т	he Instruction Guide explains how to complete this	form.	1 Total pages Sched	dule B:	
2 FILER NAM	ЛЕ		3 Filer ID (Ethics Commission Filers)		
Mr James	A Campos				
4 TOTAL (	OF UNITEMIZED PLEDGES		\$0		
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution description	
	7 Pledgor address; City; Sta	ate; Zip Code		· · ·	
				side of Texas. Complete Schedule T	
10 Principal o	ccupation / Job title (See Instructions)	<b>11</b> Employer (See	Instructions)		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; Sta	ate; Zip Code			
				side of Texas. Complete Schedule T	
Principal oc	cupation / Job title (See Instructions)	Employer (See	e Instructions)		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; Sta	ate; Zip Code		· · · · · · · · · · · · · · · · · · ·	
			Check if travel outs	side of Texas. Complete Schedule T	
Principal of	ccupation / Job title (See Instructions)	Employer (See	e Instructions)		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; State	; Zip Code			
Principal oc	cupation / Job title (See Instructions)	Employer (See		side of Texas. Complete Schedule T	
	ATTACH ADDITIONAL COPIES		-		
	If contributor is out-of-state PAC, please see Inst	ruction guide for	additional reporting	g requirements.	

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 0
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Mr James A Ca	ampos		
TOTAL OF UN	NITEMIZED LOANS		\$0
Date of loan	7 Name of lender out-of-state	PAC (ID#: )	9 Loan Amount (\$)
Is lender a financial Institution?	<b>8</b> Lender address; City;	State; Zip Code	10 Interest rate
Y N			<b>11</b> Maturity date
2 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
Description of Col     none	lateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political iions)
6 GUARANTOR INFORMATION	17 Name of guarantor		<b>19</b> Amount Guaranteed (\$)
not applicable	<b>18</b> Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#: )	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral	Check if personal fun	do woro dopositod into political
none		account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
If Id	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see In	PIES OF THIS SCHEDULE AS NEE struction guide for additional re	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)	)
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
Credit Card Payment		The Instruction Guide explain	ns how to co	omplete this form.		
<b>1</b> Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethics	s Commission Filers)
0	Mr Jam	es A Campos				
4 Date	5 Payee n	ame				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE						
OF						
EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	Y (See Categories listed at the top of this a	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	SOF THIS S	SCHEDULE AS NEI	EDED	

UNPAID INC	URRE	DOBLIGAT	IONS		SCHE	DULE F2
		EXPENDITURE	CATEGORIES F	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expo Legal Services The Instruction Guide	Office Ove Polling Ex ense Printing E Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense
Total pages Schedule F2:	2 FILER N	IAME	•		3 Filer ID (Ethics C	ommission Filers)
)	Mr Jame	s A Campos				
TOTAL OF UNITER	MIZED UNI	PAID INCURRED	OBLIGATION	S	\$ <sub>0</sub>	
5 Date	6 Payee n	ame				
<b>'</b> Amount (\$)	8 Payee a	iddress;		City;	State;	Zip Code
TYPE OF EXPENDITURE	P	olitical	Non-Pc	litical		
0	(a) Category	/ (See Categories listed at the	top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE						
	(c)	Check if travel outside of Texas. C	Complete Schedule T.	Check if Au	stin, TX, officeholder living e	expense
1 Complete ONLY if direct expenditure to benefit C/O		lidate / Officeholder na		Office sought	Office he	
Date	,					
Amount (\$)	Payee a	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	P	olitical	Non-Po	olitical		
	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 A	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		lidate / Officeholder na	ame C	Dffice sought	Office he	ld
	ATTAC	H ADDITIONAL COI	PIES OF THIS S	SCHEDULE AS NE	EDED	
rms provided by Texas Ethi	cs Commissio	 n	w.ethics.state.tx.u	S		Revised 1/1/20

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## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: 0
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mr James A	Campos	
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; C	ity; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; Ci	ty; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

Mr James A Campos         4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD       \$0         5 Date       6 Payee name         7 Amount (\$)       8 Payee address;       City;       State;       Zip Code         9 TYPE OF EXPENDITURE       Political       Non-Political       Non-Political         10       PURPOSE EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         PURPOSE EXPENDITURE       (c)       Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         11       Candidate / Officeholder name       Office sought       Office held					
1       Total pages Schedule F4:       2       FILER NAME Mr James A Campos       3       Filer ID (Ethics Commission Filers)         4       TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD       \$0         5       Date       6       Payee name         7       Amount (\$)       8       Payee address;       City;       State;       Zip Code         9       TYPE OF EXPENDITURE       Political       Non-Political       (b) Description         10       PURPOSE EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         9       Candidate / Officeholder name       Office sought       Office held         Complete DNLY if direct expenditure to benefit C/OH       Payee address;       City;       State;       Zip Code         Date       Payee address;       City;       State;       Zip Code         Date       Payee address;       City;       State;       Zip Code         TYPE OF EXPENDITURE       Political       Non-Political       Office held         Candidate / Officeholder name       Office sought       Office held       City;       State;       Zip Code         Payee address;       City;       State;       Zip Code       City;       State;       Zip Code	Accounting/Banking Consulting Expense Contributions/Donations Made	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expen al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Nse Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related I Travel In District Travel Out Of District	
5 Date       6 Payee name         7 Amount (\$)       8 Payee address;       City;       State;       Zip Code         3 TYPE OF EXPENDITURE       Political       Non-Political         0       PURPOSE EXPENDITURE       Political       (b) Description         0       PURPOSE EXPENDITURE       (c) Category (See Categories listed at the top of this schedule)       (b) Description         0       PURPOSE EXPENDITURE       Category (See Categories listed at the top of this schedule)       (b) Description         1       Candidate / Officeholder Tawel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         1       Candidate / Officeholder name       Office sought       Office held         2       Payee name       Amount (\$)       Payee address;       City;       State;       Zip Code         EXPENDITURE       Political       Image: Non-Political       Image: City;       State;       Zip Code         Purpose EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description       Description	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Fi	lers)
7 Amount (\$)       8 Payee address;       City;       State;       Zip Code         3 TYPE OF EXPENDITURE       Political       Non-Political         10       PURPOSE EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         PURPOSE EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         (b) 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         M       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       City;       State;       Zip Code         Amount (\$)       Payee address;       City;       State;       Zip Code         EXPENDITURE       Political       Non-Political       Non-Political         PURPOSE EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description	4 TOTAL OF UNITEN	IZED EXPENDITURES CHAR	GED TO A CREDIT CARD	\$0	
B       TYPE OF EXPENDITURE       Political         IO       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         IO       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         IO       PURPOSE OF EXPENDITURE       (c)       Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         MC       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       Amount (\$)       Payee address;       City;       State;       Zip Code         EXPENDITURE       Political       Non-Political       Category (See Categories listed at the top of this schedule)       Description         PURPOSE EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description	5 Date	6 Payee name			
EXPENDITURE       Political       Non-Political         10       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         11       (c)       Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         11       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       Office address;       City;       State;       Zip Code         EXPENDITURE       Political       Non-Political       Category (See Categories listed at the top of this schedule)       Description	7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE     Image: Construct of the second of	ITPE OF	Political	Non-Political		
If       Candidate / Officeholder name       Office sought       Office held         Complete ONLY if direct sependiture to benefit C/OH       Payee name       Office held         Date       Payee name       City;       State;       Zip Code         Amount (\$)       Payee address;       City;       State;       Zip Code         EXPENDITURE       Political       Non-Political       Category (See Categories listed at the top of this schedule)       Description         PURPOSE       Office Categories listed at the top of this schedule)       Description       Category (See Categories listed at the top of this schedule)       Description	PURPOSE OF				
Date     Payee address;     City;     State;     Zip Code       Amount (\$)     Payee address;     City;     State;     Zip Code       Image: Distribution of the schedule     Non-Political     Image: Distribution of the schedule       PURPOSE OF EXPENDITURE     Category (See Categories listed at the top of this schedule)     Description	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	1	ne Office sought	Office held	
TYPE OF EXPENDITURE     Political       Political     Non-Political       Category (See Categories listed at the top of this schedule)     Description	Date				
EXPENDITURE     Political     Non-Political       PURPOSE     Category (See Categories listed at the top of this schedule)     Description	Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE		Political	Non-Political		
	OF	Category (See Categories listed at the to	op of this schedule) Description		
		Check if travel outside of Texas. Co	omplete Schedule T. Check if	Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder nam	ne Office sought	Office held	

## SCHEDULE G

City Clerk Dept. 10/6/2020 3:14:41 PM

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees         O           Food/Beverage Expense         Pe           By         Gift/Awards/Memorials Expense         Pe	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G: 4	2 FILER NAME Mr James A Campos		3 Filer ID (Ethics Commission Filers)
4 <sub>Date</sub> 07/04/2020	5 Payee name Costco	I	
6 Amount (\$) 20 Reimbursement from political contributions intended	7 Payee address; El Paso	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	ule) (b) Description Fuel	
	(c) Check if travel outside of Texas. Complete Schedul	le T. Check if Austin,	TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name James A. Campos Dis	Office sought strict 2 Representativ	Office held
Date 08/08/2020	Payee name Costco		
Amount (\$) 20 Reimbursement from political contributions intended	Payee address; El Paso Texas	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Even Description	
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH James A. Campos Di	Office sought strict 2 Representativ	Office held
Date 09/01/2020	Payee name David Banner		
Amount (\$) 324.75 Reimbursement from political contributions intended	Payee address; El Paso Texas	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description Signs	
	Check if travel outside of Texas. Complete Schedul	le T. Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name James A. Campos Dis	Office sought strict 2 Representativ	Office held

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

## SCHEDULE ${f G}$

City Clerk Dept. 10/6/2020 3:14:41 PM

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees         Office           Food/Beverage Expense         Pollin           By         Gift/Awards/Memorials Expense         Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense rg Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G: 4	2 FILER NAME Mr James A Campos		3 Filer ID (Ethics Commission Filers)
4 <sub>Date</sub> 09/04/2020	5 Payee name David's Banners		
6 Amount (\$) 32.48 Beimbursement from political contributions intended	7 Payee address; El Pao Texas	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Sign Holders	
-	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	James A. Campos Distr	ict 2 Representati	ve
Date 09/11/2020	Payee name David's Banners		
Amount (\$) 324.75 Reimbursement from political contributions intended	Payee address; El Paso Texas	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Signs	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought ict 2 Representati	Office held
Date 10/16/2020	Payee name David's Banners		
Amount (\$) 40.59 Reimbursement from political contributions intended	Payee address; El Paso Texas	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Sign Holders	
	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 James A. Campos Distr	Office sought ict 2 Representati	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

## SCHEDULE ${f G}$

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees         Office           Food/Beverage Expense         Pollir           By         Gift/Awards/Memorials Expense         Printi	Repayment/Reimbursement e Overhead/Rental Expense Ig Expense Ig Expense ies/Wages/Contract Labor to complete this form.	Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G: 4	2 FILER NAME Mr James A Campos		3 Filer ID (Ethics	Commission Filers)
4 <sub>Date</sub> 10/17/2020	5 Payee name Com and Save		1	y not listed above) Commission Filers)
6 Amount (\$) 60.67 Reimbursement from political contributions intended	7 Payee address; Internet	City;	State;	Zip Code
8 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 Austir	n, TX, officeholder living e	xpense
9	Candidate / Officeholder name	Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	James A. Campos Distr	ict 2 Representati	ive	
Date	Payee name			
09/21/2020	Costco			
Amount (\$) 21.31	Payee address; El Paso Texas	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Fuel		
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
	Candidate / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/0		rict 2 Representat		
Date	Payee name			
10/02/2020	Comp and Save			
Amount (\$) 200 Reimbursement from political contributions	Payee address; Internet	City;	State;	Zip Code
intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Inks/Paper		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living e	xpense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	James A. Campos Distr	rict 2 Representat	ive	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	DED	

## SCHEDULE ${f G}$

City Clerk Dept. 10/6/2020 3:14:41 PM

		EXPENDITURE CATE	GORIES	FOR B	OX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing E Salaries/V	erhead/R pense xpense Vages/Co	eimbursement ental Expense ontract Labor	Travel In Dist Travel Out Of	n Equipme rict District	Expense nt & Related Expense not listed above)
		The Instruction Guide explai	ins how to o	complet	e this form.			
1 Total pages Schedule G: 4		ME S A Campos				3 Filer ID	(Ethics C	ommission Filers)
4 <sub>Date</sub> 10/02/2020	5 Payee nar Office De	pot				I		
6 Amount (\$) 150 Reimbursement from political contributions intended	7 Payee add El Paso	iress; exas			City;	S	tate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	schedule)		escription er/Printer/I	nk		
	(c) (c)	Check if travel outside of Texas. Complete Se	chedule T.	C	Check if Austin	n, TX, officeholder	living expe	ense
9	Candid	ate / Officeholder name		Office	sought		0	ffice held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	James	A. Campos	District	2 Re	presentati	ve		
Date	Payee nar	ne						
Amount (\$)	Payee add	Iress;			City;	S	tate;	Zip Code
Reimbursement from political contributions intended								
PURPOSE OF	Category	(See Categories listed at the top of this	schedule)	De	escription			
EXPENDITURE		Check if travel outside of Texas. Complete S	chedule T.	Г	Check if Austir	n, TX, officeholder	living exp	ense
		ate / Officeholder name		Office	sought			ffice held
Complete <u>ONLY</u> if direct expenditure to benefit C/0				Cinco	oougin		0	
Date	Payee nar	ne						
Amount (\$)	Payee add	dress;			City;	Stat	e;	Zip Code
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	De	escription			
		Check if travel outside of Texas. Complete Se	chedule T.		Check if Austin	n, TX, officeholder	living expe	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office	sought		0	ffice held
	ATTA	CH ADDITIONAL COPIES C	OF THIS S	CHEDU	JLE AS NEED	DED		

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Poli Cardi Card Burgard	Event Expense Loan Fees Offic Food/Beverage Expense Polli e By Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	to complete this form.	
Total pages Schedule H:	<sup>2</sup> FILER NAME Mr James A Campos		3 Filer ID (Ethics Commission Filers)
Date	5 Business name		
Amount (\$)	7 Business 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 Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Check if travel outside of Texas Complete Schedule T		in, TX, officeholder living expense
	Check if travel outside of Texas. Complete Schedule T.		

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE |

	The Instruction Guide explains how to cor		<b>0</b>	
Total pages Schedule I:			<b>3</b> Filer ID (Ethic	s Commission Filers)
	Mr James A Campos			
Date	5 Payee name			
Amount (\$)	7 Payee address;	City	Stat	e Zip Code
PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding type	pe of information
Date	Payee name			
Amount (\$)	Payee address;	City	Stat	e Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding ty	pe of information
Date	Payee name	- I		
Amount (\$)	Payee address;	City	Stat	e Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding ty	pe of information
Date	Payee name			
Amount (\$)	Payee address;	City	Stat	e Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding ty	pe of information

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K: 0
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
Mr James A	Campos	
4 Date	5 Name of person from whom amount is received	<b>8</b> Amount (\$)
	6 Address of person from whom amount is received; City; Sta	te; Zip Code
	7 Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instru	uction Guide	explains	how to complete	this form.		<b>1</b> Total pages Schedule T:	0	
2 FILER NAME						3 Filer ID (Ethics Commis	ssion Filers)	
Mr James A Campos         4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
4 Name of Contributor	Corporation	or Labor O	rganization / Pledgo	or / Payee			ept.	
5 Contribution / Expend	liture reported	l on:					0 *	
Schedule A2	Sche	edule B	Schedule B(J	) Sche	dule C2	Schedule D	Schedule F1	
Schedule F2	Sche	edule F4	Schedule G	Sche	dule H	Schedule COH-UC	Clerk Dept.	
6 Dates of travel	7 Name of	7 Name of person(s) traveling						
	8 Departu	8 Departure city or name of departure location						
	9 Destination city or name of destination location							
<b>10</b> Means of transportat	ion	11 Purpo	se of travel (includir	ng name of co	nference, se	eminar, or other event)		
Name of Contributor	/ Corporation	or Labor O	rganization / Pledgo	or / Payee				
Contribution / Expend	liture reported	l on:						
Schedule A2	Sche	edule B	Schedule B(J	) Sche	dule C2	Schedule D	Schedule F1	
Schedule F2	Schedule F4       Schedule G       Schedule H       Schedule COH-UC       Schedule B-SS						Schedule B-SS	
Dates of travel	Name of person(s) traveling							
	Departu	re city or na	ame of departure lo	cation				
	Destinat	ion city or ı	name of destination	location				
Means of transportation Purpose of travel (including name of conference, seminar, or other event)								
Name of Contributor	/ Corporation	or Labor O	rganization / Pledge	or / Payee				
Contribution / Expend	liture reported	l on:						
Schedule A2	Schedu	Ile B	Schedule B(J)	Schedu	le C2	Schedule D	Schedule F1	
Schedule F2	Schedu	ile F4	Schedule G	Schedu	le H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Name o	f person(s)	traveling					
	Departu	re city or na	ame of departure lo	cation				
	Destinat	ion city or ı	name of destination	location				
Means of transportat	ion	Purpo	se of travel (includi	ng name of co	nference, se	eminar, or other event)		
	A	TACH AD	DITIONAL COPIE	ES OF THIS S	CHEDULE	ASNEEDED		

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

	NAME	2 Filer ID (Ethics Commission Filers)
Jam	nes A Campos	
IGN/	ATURE	
ig a re		nditures in connection with my candidacy. I understand that designat- appointment. I also understand that I may not accept any campaign npaign treasurer appointment on file. Mr James A Campos *** Electronically Certified *** Signature of Candidate / Officeholder
Con	WHO IS NOT AN OFFICEHOLDER nplete A & B below <i>only</i> if you are not an officehold	er. ••
	CAMPAIGN FUNDS	
Cheo	ck only one:	
•	I do not have unexpended contributions or unexpended	d interest or income earned from political contributions.
	may not convert unexpended political contributions or personal use. I also understand that I must file an a unexpended contributions or unexpended interest or inc	est or income earned from political contributions. I understand that I r unexpended interest or income earned on political contributions to innual report of unexpended contributions and that I may not retain come earned on political contributions longer than six years after filing ose of unexpended political contributions and unexpended interest or with the requirements of Election Code, § 254.204.
	ASSETS	
Chec	k only one:	
•	I do not retain assets purchased with political contribut	ions or interest or other income from political contributions.
	that I may not convert assets purchased with political of	s or interest or other income from political contributions. I understand contributions or interest or other income from political contributions to f assets purchased with political contributions in accordance with the           Image: Mr James A Campos           *** Electronically Certified           Signature of Candidate
		orginature of Gandidate
-	EHOLDER nplete this section <i>only</i> if you are an officeholder	