

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00000039	2 Total pages filed: 16	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
		Fabiola		
	NICKNAME	LAST	SUFFIX	Date Received ELECTRONICALLY FILED 10/09/2024
		Campos Lopez		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked
	P.O. Box 71322			Receipt #
	El Paso, TX 79917			Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
		Mr.	Miguel	
	NICKNAME	LAST	SUFFIX	
		Veloz		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	726 Westlake Ct El Paso, TX 79912			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
		(915) 203-5480		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month	Day	Year	Month
		07/01/2024	THROUGH	09/26/2024
10 ELECTION	ELECTION DATE			ELECTION TYPE
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
		11/05/2024		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)
	None Place EL PASO TEX District seven El Paso			
				City Representative Place EL PASO District District 7 El Paso

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Campos Lopez, Fabiola	14 Filer ID (Ethics Commission Filers) 00000039
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,597.58
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	4,862.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	159.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

Fabiola Campos Lopez

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Campos Lopez, Fabiola	19 Filer ID (Ethics Commission Filers) 00000039
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,415.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 182.58
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,931.70
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 1,930.84
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/16
2 FILER NAME Campos Lopez, Fabiola		3 Filer ID (Ethics Commission Filers) 00000039
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABURTO, DANIEL <hr/> 6 Contributor address; City; State; Zip Code 4687 PISTOLERO EL PASO, TX 79912	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PROJECT DESIGNER		9 Employer (See Instructions) ALVIDREZ ARCHITECTURE
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) APODACA, ALIANA <hr/> Contributor address; City; State; Zip Code 814 WYOMING AVENUE EL PASO, TX 79902	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MOTIVATIONAL SPEAKER		Employer (See Instructions) SELF-EMPLOYED
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AVALOS, MARTHA <hr/> Contributor address; City; State; Zip Code 245 NOGAL EL PASO, TX 79915	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARREDA, SANTIAGO <hr/> Contributor address; City; State; Zip Code 920 SINGING HILLS EL PASO, TX 79912	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PROJECT DESIGNER		Employer (See Instructions) ALVIDREZ ARCHITECTURE
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BETTS, VANNESSA <hr/> Contributor address; City; State; Zip Code 11000 LOMA GRANDE EL PASO, TX 79904	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/16
2 FILER NAME Campos Lopez, Fabiola		3 Filer ID (Ethics Commission Filers) 00000039
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANALES, MIGUEL <hr/> 6 Contributor address; City; State; Zip Code 500 JAMES STREET EL PASO, TX 79915	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) ENTREPRENEUR		9 Employer (See Instructions) SELF EMPLOYED
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARREON, SYLVIA <hr/> Contributor address; City; State; Zip Code 925 RICHARD EL PASO, TX 79907	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DE LA TORRE, GEORGE <hr/> Contributor address; City; State; Zip Code 4530 BLISS EL PASO, TX 79903	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) COMMUNITY AFFAIRS DIRECTOR		Employer (See Instructions) EL PASO ELECTRIC CO.
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, DANIEL <hr/> Contributor address; City; State; Zip Code 7901 CRADDOCK EL PASO, TX 79915	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, ROBERT <hr/> Contributor address; City; State; Zip Code 7912 CRADDOCK EL PASO, TX 79915	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/16
2 FILER NAME Campos Lopez, Fabiola		3 Filer ID (Ethics Commission Filers) 00000039
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIZARRAGA, CECILIA (Mrs.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 513 UPSON DR EL PASO, TX 79912	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARQUEZ, MARITZA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3341 TIERRA MISION EL PASO, TX 79938	
Principal occupation / Job title (See Instructions) OFFICE MANAGER		Employer (See Instructions) JARRITOS BEVERAGE CO.
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ, ANA	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 3341 TIERRA MISION EL PASO, TX 79938	
Principal occupation / Job title (See Instructions) OFFICE CLERK		Employer (See Instructions) BAFAR
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYORGA, KARMEN	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code 118 ESTHER TRAIL EL PASO, NM 88008	
Principal occupation / Job title (See Instructions) COMMUNITY AFFAIRS MANAGER		Employer (See Instructions) EL PASO ELECTRIC CO.
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENDOZA, OLGA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 8650 HOLMSLEY TRAIL EL PASO, TX 79915	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/16
2 FILER NAME Campos Lopez, Fabiola		3 Filer ID (Ethics Commission Filers) 00000039
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOND, DARRELL <hr/> 6 Contributor address; City; State; Zip Code 11705 BUNKY LANE EL PASO, TX 79936	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NUNEZ, MARIA <hr/> Contributor address; City; State; Zip Code 250 FRANCIS EL PASO, TX 79905	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CARRIER REPRESENTATIVE		Employer (See Instructions) CH ROBINSON
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTEGA , LINA <hr/> Contributor address; City; State; Zip Code 310 N. MESA EL PASO, TX 79902	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) STATE REPRESENTATIVE		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROMERO, BRIANNA (Ms.) <hr/> Contributor address; City; State; Zip Code 1715 N. STANTON EL PASO, TX 79902	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) BANK TELLER		Employer (See Instructions) WEST TEXAS BANK
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROMO, VICTOR <hr/> Contributor address; City; State; Zip Code 3314 GABEL EL PASO, TX 79904	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DRAFTER		Employer (See Instructions) SELF-EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/16
2 FILER NAME Campos Lopez, Fabiola		3 Filer ID (Ethics Commission Filers) 00000039
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, INGO <hr/> 6 Contributor address; City; State; Zip Code 11009 LOMA GRANDE EL PASO, TX 79934	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) IT SPECIALIST		9 Employer (See Instructions) CITY OF EL PASO
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TORRES, DEBORAH <hr/> Contributor address; City; State; Zip Code 200 GREEN HAVEN EL PASO, TX 79907	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) URIAS, JULIETA <hr/> Contributor address; City; State; Zip Code 8012 SUSAN WAY EL PASO, TX 79915	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIELMA, EVA <hr/> Contributor address; City; State; Zip Code 317 SALAMANCA LN EL PASO, TX 79907	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WESENBERG, TOMAS <hr/> Contributor address; City; State; Zip Code 3173 SARINA CIR EL PASO, TX 79938	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/16	
2 FILER NAME Campos Lopez, Fabiola		3 Filer ID (Ethics Commission Filers) 00000039	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/12/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INNOVATIVE INK	8 Amount of contribution (\$) \$75.66	9 In-kind contribution description 2 CAR MAGNETS/175 FLYERS
	7 Contributor address; City; State; Zip Code 1000 DIESEL EL PASO, TX 79907		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
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 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOPEZ KAWA, SOFIA	Amount of contribution (\$) \$106.92	In-kind contribution description 14 CAMPAIGN SHIRTS
	Contributor address; City; State; Zip Code 2625 SE HAWTHORNE BLVD PORTLAND, OR 97214		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) POST DOC RESEARCHER		Employer (FOR NON-JUDICIAL) (See instructions) OREGON HEALTH & SCIENCE UNIVERSITY	
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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/4 Rpt: 10/16	2 FILER NAME Campos Lopez, Fabiola	3 Filer ID (Ethics Commission Filers) 00000039
4 Date 07/22/2024	5 Payee name INNOVATIVE INK	
6 Amount (\$) \$634.62	7 Payee address; City; State; Zip Code 1000 DIESEL EL PASO, TX 79907	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANNERS/HANDOUTS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2024	Payee name INNOVATIVE INK	
Amount (\$) \$956.93	Payee address; City; State; Zip Code 1000 DIESEL EL PASO, TX 79907	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANNERS/ HANDOUTS/YARDSIGNS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2024	Payee name INNOVATIVE INK	
Amount (\$) \$322.04	Payee address; City; State; Zip Code 1000 DIESEL EL PASO, TX 79907	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HANDOUTS/YARD SIGNS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/4 Rpt: 11/16	2 FILER NAME Campos Lopez, Fabiola	3 Filer ID (Ethics Commission Filers) 00000039
4 Date 09/26/2024	5 Payee name INNOVATIVE INK	
6 Amount (\$) \$230.03	7 Payee address; City; State; Zip Code 1000 DIESEL EL PASO, TX 79907	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name PAYPAL ACCOUNT	
Amount (\$) \$8.79	Payee address; City; State; Zip Code 2211 NORTH 1SR STREET SAN JOSE, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense USE OF PAYPAL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2024	Payee name PAYPAL ACCOUNT	
Amount (\$) \$1.07	Payee address; City; State; Zip Code 2211 NORTH 1SR STREET SAN JOSE, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/4 Rpt: 12/16	2 FILER NAME Campos Lopez, Fabiola	3 Filer ID (Ethics Commission Filers) 00000039
4 Date 08/05/2024	5 Payee name PAYPAL ACCOUNT	
6 Amount (\$) \$7.72	7 Payee address; City; State; Zip Code 2211 NORTH 1SR STREET SAN JOSE, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2024	Payee name PAYPAL ACCOUNT	
Amount (\$) \$3.38	Payee address; City; State; Zip Code 2211 NORTH 1SR STREET SAN JOSE, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2024	Payee name PAYPAL ACCT	
Amount (\$) \$32.12	Payee address; City; State; Zip Code 2211 NORTH 1SR STREET SAN JOSE, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/4 Rpt: 13/16	2 FILER NAME Campos Lopez, Fabiola	3 Filer ID (Ethics Commission Filers) 00000039
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4 Date 08/15/2024	5 Payee name TEXAS DEMOCRATIC PARTY
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6 Amount (\$) \$650.00	7 Payee address; City; State; Zip Code P.O.BOX 15707 AUSTIN, TX 78761
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DISTRICT 7 VAN LIST	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DISTRICT 7 VAN LIST
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name U.S. POSTAL SERVICE
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Amount (\$) \$85.00	Payee address; City; State; Zip Code 880 N. ZARAGOZA EL PASO, TX 79907
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense P.O.BOX. RENTAL
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/3 Rpt: 14/16	2 FILER NAME Campos Lopez, Fabiola	3 Filer ID (Ethics Commission Filers) 00000039
4 Date 09/20/2024	5 Payee name CRISTO REY CHURCH	
6 Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8011 WILLIAMETTE AVE EL PASO, TX 79907	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense KERMESS ANNOUNCEMENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2024	Payee name GOOGLE WORKSPACE FEE	
Amount (\$) \$7.68 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1600 AMPHITHEATRE MOUNTAIN VIEW, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMAIL ACCT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2024	Payee name GOOGLE WORKSPACE FEE	
Amount (\$) \$7.68 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1600 AMPHITHEATRE MOUNTAIN VIEW, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMAIL ACCT USE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/3 Rpt: 15/16	2 FILER NAME Campos Lopez, Fabiola	3 Filer ID (Ethics Commission Filers) 00000039
4 Date 09/02/2024	5 Payee name GOOGLE WORKSPACE FEE	
6 Amount (\$) \$7.68 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1600 AMPHITHEATRE MOUNTAIN VIEW, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMAIL ACCT USE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2024	Payee name INNOVATIVE INK	
Amount (\$) \$530.70 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1000 DIESEL EL PASO, TX 79907	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS/ BANNERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name LOS CUNADOS RESTAURANT	
Amount (\$) \$1,303.06 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8030 GATEWAY BLVD E EL PASO, TX 79915	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN KICKOFF EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 3/3 Rpt: 16/16	2 FILER NAME Campos Lopez, Fabiola	3 Filer ID (Ethics Commission Filers) 00000039
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4 Date 08/01/2024	5 Payee name SQUARE SPACE WEBSITE
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6 Amount (\$) \$24.52 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 225 VARICK 12TH FLOOR NEW YORK, NY 10014
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE SUBSCRIPTION
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/01/2024	Payee name SQUARE SPACE WEBSITE
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Amount (\$) \$24.52 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 225 VARICK 12TH FLOOR NEW YORK, NY 10014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE SUBSCRIPTION
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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