

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | |
|--|---|---|
| 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | OFFICE USE ONLY Date Filed <u>10/20/23</u> <hr/> Date Received Rebecca Huerta City Secretary <hr/> Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ <hr/> Date Processed _____ <hr/> Date Imaged _____ |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Sylvia NICKNAME LAST SUFFIX Campos | |
| 4 ORIGINAL REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> 8th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) | |
| 5 ORIGINAL PERIOD COVERED | Month Day Year Month Day Year 9 / 9 / 2022 THROUGH 10 / 10 / 2022 | |
| 6 EXPLANATION OF CORRECTION | | |

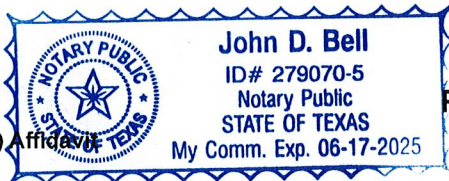
The expenditure items in Schedule F1 concerning canvassers were not properly detailed. Other schedules have been reprinted so that all information can be seen clearly.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Sylvia Campos
Signature of Candidate/Officeholder



Please complete either option below:

(1) Affidavit
NOTARY STAMP/SEAL

Sworn to and subscribed before me by Sylvia Campos this the 20th day of June,

20 23 to certify which, witness my hand and seal of office.

John D. Bell JOHN D. BELL Notary Public
Signature of officer administering oath Printed name of officer administering oath 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)

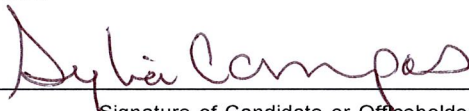
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

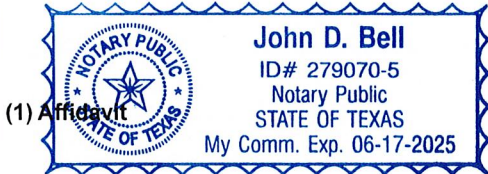
| | | |
|--------------------------------------|---|---|
| 15 C/OH NAME Sylvia Campos | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 60.52 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 7,269.49 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,239.63 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 6,029.86 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 00 |

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 of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Sylvia Campos this the 20th day of June, 2023, to certify which, witness my hand and seal of office.


JOHN D. BELL Notary Public
 Signature of officer administering oath Printed name of officer administering oath 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 Sylvia Campos | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 7,208.97 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 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 | | \$ 1,239.63 |
| 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: |
| 2 FILER NAME Sylvia Campos | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEE SCHEDULE ATTACHED | 7 Amount of contribution (\$) |
| 6 Contributor address; City; State; Zip Code | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 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. | | |

Schedule A1 Attachment

| Date | Name of Contributor | Address | Amount | Occupation | Employer |
|-----------|--------------------------|---|-------------|--------------|------------------------|
| 9/8/2022 | Brandon Marks | 319 Rosebud, Corpus Christi, TX 78404 | \$ 50.00 | | |
| 9/12/2022 | Sally Farris | 13043 Hunters Breeze, San Antonio, TX 78230 | \$ 100.00 | | |
| 9/19/2022 | Coy Oona | 1 Ventures Field Rd, Northampton, MA 01060 | \$ 500.00 | not employed | n/a |
| 9/23/2022 | John O'Farrell | 320 Fletcher Dr, Atherton, CA 94027 | \$ 192.31 | investor | AH Capital |
| 9/24/2022 | Jeanne Leonard | 332 Troy Dr., Corpus Christi, TX 78412 | \$ 100.00 | | |
| 9/24/2022 | Steve Newman | 20 Bow Way, Portola Valley, CA 94028 | \$ 708.33 | software eng | SentinelOne |
| 9/24/2022 | Steve Newman | 20 Bow Way, Portola Valley, CA 94028 | \$ 708.33 | software eng | SentinelOne |
| 9/15/2022 | Grace & Kenneth Cooley | 4638 Abner, Corpus Christi, TX 78411 | \$ 150.00 | retired | n/a |
| 10/7/2022 | Floria & Alfredo Aguilar | 346 Brooks Dr., Corpus Christi, TX 78408 | \$ 200.00 | retired | n/a |
| 10/3/2022 | Theresa Preston-Werner | 325 Upper Toyon, Ross, CA 94957 | \$ 2,000.00 | founder | Preson-Werner Ventures |
| 10/6/2022 | Nicholas Josefowitz | 2512 Pacific Ave, San Francisco, CA 94115 | \$ 2,500.00 | executive | SPUR |
| | | | \$ 7,208.97 | | |

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------|--------------------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Sylvia Campos | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|--------------------------------------|--|

| | |
|---------------|--|
| 4 Date | 5 Payee name SEE SCHEDULE ATTACHED |
|---------------|--|

| | | | | |
|----------------------|-------------------------|-------|--------|----------|
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
|----------------------|-------------------------|-------|--------|----------|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (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 | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <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 | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <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

Schedule F1 Attachment

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

Schedule F1 Attachment

| Date | Payee Name | Amount | Payee Address | City-State | ZIP | Category | Purpose |
|-----------|-----------------|-------------|---------------|--------------------|-------|---------------------|------------|
| 10/7/2022 | Sarah Wilburn | \$ 100.00 | 4314 Cottage | Corpus Christi, TX | 78415 | Advertising Expense | Canvassing |
| 10/7/2022 | Rebecca Wilburn | \$ 100.00 | 4314 Cottage | Corpus Christi, TX | 78415 | Advertising Expense | Canvassing |
| | | \$ 1,239.63 | | | | | |