

# 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) | 2 Total pages filed:<br>19                                                                                                                                                                                                                   |                |                |                                  |                   |                                   |                                   |  |                                      |
| 3 CANDIDATE / OFFICEHOLDER NAME                                                              | MS / MRS / MR FIRST MI<br>Mr Donovan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt # Amount \$<br>Date Processed<br>Date Imaged |                |                |                                  |                   |                                   |                                   |  |                                      |
|                                                                                              | NICKNAME LAST SUFFIX<br>Campbell III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>939 Ivy Wall Drive Houston Texas 77079                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                                             | AREA CODE PHONE NUMBER EXTENSION<br>(760 ) 331 3185 Text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 6 CAMPAIGN TREASURER NAME                                                                    | MS / MRS / MR FIRST MI<br>Mr Preston H<br>NICKNAME LAST SUFFIX<br>Young                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>11846 Longleaf Lane Houston Texas 77079                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 8 CAMPAIGN TREASURER PHONE                                                                   | AREA CODE PHONE NUMBER EXTENSION<br>( 713 ) 702 3113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 9 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)<br><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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 10 PERIOD COVERED                                                                            | Month Day Year    Month Day Year<br>1 / 24 / 24    THROUGH    3 / 31 / 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 11 ELECTION                                                                                  | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br>5 / 4 / 24 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 12 OFFICE                                                                                    | OFFICE HELD (if any)    13 OFFICE SOUGHT (if known)<br><br>Katy ISD Board of Trustees Position 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages       | <p><small>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</small></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |                                       |                                                                                                                                                                                                                                              | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE                                                                               | COMMITTEE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> GENERAL                                                             | COMMITTEE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> SPECIFIC                                                            | COMMITTEE CAMPAIGN TREASURER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
|                                                                                              | COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |

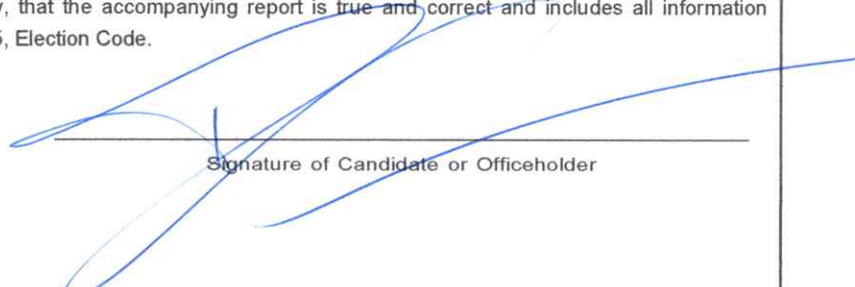
**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

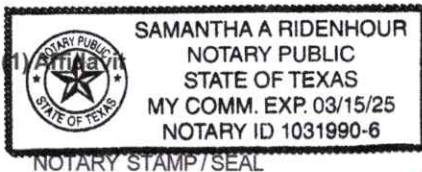
**FORM C/OH  
COVER SHEET PG 2**

|                                         |                                                                                                                                       |                                               |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>15 C/OH NAME</b><br>Donovan Campbell |                                                                                                                                       | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>           | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00                                       |
|                                         | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                        | \$ 16,929.69                                  |
| <b>EXPENDITURE TOTALS</b>               | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ 0.00                                       |
|                                         | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                                | \$ 6,767.17                                   |
| <b>CONTRIBUTION BALANCE</b>             | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 8,217.83                                   |
| <b>OUTSTANDING LOAN TOTALS</b>          | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ 0.00                                       |

**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:**



Sworn to and subscribed before me by Donovan Campbell this the 4th day of April, 2024, to certify which, witness my hand and seal of office.  
Samantha Ridenhour Samantha Ridenhour Notary  
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<br>Donovan Campbell         |                                                                                                             | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL<br>AMOUNT                     |
| 1.                                        | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 14,985.00                           |
| 2.                                        | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 1,944.69                            |
| 3.                                        | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$ 0.00                                |
| 4.                                        | <input type="checkbox"/> SCHEDULE E: LOANS                                                                  | \$ 0.00                                |
| 5.                                        | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 6,767.17                            |
| 6.                                        | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$ 0.00                                |
| 7.                                        | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0.00                                |
| 8.                                        | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0.00                                |
| 9.                                        | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0.00                                |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0.00                                |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0.00                                |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00                                |

# 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:

9

2 FILER NAME

Donovan Campbell

3 Filer ID (Ethics Commission Filers)

4 Date

2/22/24

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Hugh Elmore

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

1027 Ivy Wall Drive Houston Texas 77079

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/22/24

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dustin Lee

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

15411 Old Stone Trail Houston TX 77079

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/24

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Marty Morrison

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

827 St George Lane Houston TX 77079

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/24

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Stephen Carrol

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

12566 Honeywood Trail Houston TX 77077

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.

# 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:  
9

2 FILER NAME

Donovan Campbell

3 Filer ID (Ethics Commission Filers)

4 Date

2/22/24

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lawton Mitchell

6 Contributor address;

City;

State;

Zip Code

9268 Windy Terrace Drive Dallas TX 75231

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/22/24

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Schuelke

Contributor address;

City;

State;

Zip Code

14339 Cindywood Drive Houston TX 77079

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/24

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Donovan Campbell Jr

Contributor address;

City;

State;

Zip Code

75231 Abrams Place Ct Dallas TX 75231

Amount of contribution (\$)

2,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/24

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Andrew Steffen

Contributor address;

City;

State;

Zip Code

1238 Glourie Drive Houston TX 77055

Amount of contribution (\$)

250.00

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.

# 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:

9

2 FILER NAME

Donovan Campbell

3 Filer ID (Ethics Commission Filers)

4 Date

3/2/24

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Clint Eubanks

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

920 Lawrence Street Houston TX 77008

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/5/24

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Brad Morello

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

6518 Ivy Heath Jersey Village TX 77041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/24

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Andy Billip

Amount of contribution (\$)

700.00

Contributor address; City; State; Zip Code

523 Saddlewood Lane Houston TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/24

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Dixon

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

6531 Brentfield Court Dallas TX 75248

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.

# 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:

9

2 FILER NAME

Donovan Campbell

3 Filer ID (Ethics Commission Filers)

4 Date

3/18/24

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Laura Griffin

6 Contributor address;

City;

State;

Zip Code

319 W Wind Canyon Lane Katy TX 77493

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/20/24

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mollie Ulrich

Contributor address;

City;

State;

Zip Code

23207 Winding Knoll Drive Katy TX 77494

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/24

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Donovan Campbell III

Contributor address;

City;

State;

Zip Code

939 Ivy Wall Drive Houston TX 77079

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/24

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Neal Carlson

Contributor address;

City;

State;

Zip Code

14351 River Forest Drive Houston TX 77079

Amount of contribution (\$)

200.00

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.

# 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:<br>9             |
| 2 FILER NAME<br>Donovan Campbell                                                                                                                               |                                                                                                                                                                                              | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>3/23/24                                                                                                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Xuemei Yang<br>6 Contributor address; City; State; Zip Code<br>5511 Tyler Park Lane Katy TX 77494       | 7 Amount of contribution (\$)<br><br>100.00 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                              | 9 Employer (See Instructions)               |
| Date<br>3/27/24                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Josh Holmes<br>Contributor address; City; State; Zip Code<br>29610 Circle S Ranch Trail Richmond TX 77406 | Amount of contribution (\$)<br><br>50.00    |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                              | Employer (See Instructions)                 |
| Date<br>3/28/24                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Victor Perez<br>Contributor address; City; State; Zip Code<br>4715 Bryce Landing Lane Katy TX 77494       | Amount of contribution (\$)<br><br>500.00   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                              | Employer (See Instructions)                 |
| Date<br>3/28/24                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>William Williams<br>Contributor address; City; State; Zip Code<br>24606 Garnet Stone Lane Katy TX 77494   | Amount of contribution (\$)<br><br>10.00    |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                              | Employer (See Instructions)                 |
|                                                                                                                                                                |                                                                                                                                                                                              |                                             |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                                                                                              |                                             |

# 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:  
9

2 FILER NAME

Donovan Campbell

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/24

5 Full name of contributor

Ian Sperry

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

22318 N Lake Village Drive Katy TX 77450

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/24

Full name of contributor

Will Whitaker

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

938 Chinquapin Place Houston TX 77094

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/24

Full name of contributor

Vim Head

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

3102 Lakes of Katy Lane Katy TX 77493

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/24

Full name of contributor

Michael Feigleson

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

350.00

Contributor address; City; State; Zip Code

26300 Morton Road Katy TX 77493

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.

# 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:<br>9         |
| 2 FILER NAME<br>Donovan Campbell                                                                                                                               |                                                                                                                                                                                                   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>3/30/24                                                                                                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Home Katzman<br>6 Contributor address; City; State; Zip Code<br>20618 Park Bend Drive Katy TX 77450          | 7 Amount of contribution (\$)<br>50.00  |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                   | 9 Employer (See Instructions)           |
| Date                                                                                                                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code                                                                     | Amount of contribution (\$)             |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                   | Employer (See Instructions)             |
| Date<br>3/10/24                                                                                                                                                | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: CC0661272)<br>With Honor PAC<br>Contributor address; City; State; Zip Code<br>PO Box 1843 Alexandria VA 22313 | Amount of contribution (\$)<br>5,000.00 |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                   | Employer (See Instructions)             |
| Date<br>3/20/24                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Charlie Brewer<br>Contributor address; City; State; Zip Code<br>14 Cheltenham Way Dallas TX 75230              | Amount of contribution (\$)<br>200.00   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                   | Employer (See Instructions)             |
|                                                                                                                                                                |                                                                                                                                                                                                   |                                         |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                                                                                                   |                                         |

# 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:<br>9           |
| 2 FILER NAME<br>Donovan Campbell                                                                                                                               |                                                                                                                                                                                              | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date<br>3/27/24                                                                                                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Brandon Seay<br>6 Contributor address; City; State; Zip Code<br>25903 Karen Road Katy TX 77494          | 7 Amount of contribution (\$)<br>1,000.00 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                              | 9 Employer (See Instructions)             |
| Date<br>3/20/24                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rolf Nelson<br>Contributor address; City; State; Zip Code<br>PO Box 181 Pattison TX 77466                 | Amount of contribution (\$)<br>100.00     |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                              | Employer (See Instructions)               |
| Date<br>3/28/24                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Robert Beham<br>Contributor address; City; State; Zip Code<br>24219 Falcon Point Drive Katy TX 77494      | Amount of contribution (\$)<br>100.00     |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                              | Employer (See Instructions)               |
| Date<br>3/28/24                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Michael Morrow<br>Contributor address; City; State; Zip Code<br>27018 Skiers Crossing Drive Katy TX 77493 | Amount of contribution (\$)<br>100.00     |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                              | Employer (See Instructions)               |
|                                                                                                                                                                |                                                                                                                                                                                              |                                           |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                                                                                              |                                           |

# 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:  
9

2 FILER NAME

Donovan Campbell

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/24

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Oliver Salgado

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

3103 Lakes of Katy Lane Katy TX 77493

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/24

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jay Thieme

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

21202 Crescent Star Court Katy TX 77450

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## 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:<br>3                                                 |  |                                                          |  |
| 2 FILER NAME<br><div>Donovan Campbell</div>                                                                                                                    |  |                                                                                                     |  |  |  | 3 Filer ID (Ethics Commission Filers)                                           |  |                                                          |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                                                                                          |  |                                                                                                     |  |  |  | \$                                                                              |  |                                                          |  |
| 5 Date<br>3/18/2024                                                                                                                                            |  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Regina Johnson |  |  |  | 8 Amount of Contribution \$<br>54.90                                            |  | 9 In-kind contribution description<br>office supplies    |  |
|                                                                                                                                                                |  | 7 Contributor address; City; State; Zip Code<br>4703 Lake Crest Drive Fulshire TX 77441             |  |  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |                                                          |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br>stay at home parent                                                               |  |                                                                                                     |  |  |  | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br>self                       |  |                                                          |  |
| 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<br>3/18/2024                                                                                                                                              |  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Regina Johnson   |  |  |  | Amount of Contribution \$<br>133.19                                             |  | In-kind contribution description<br>kickoff party drinks |  |
|                                                                                                                                                                |  | Contributor address; City; State; Zip Code<br>4703 Lake Crest Drive Fulshire TX 77441               |  |  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |                                                          |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br>stay at home parent                                                                  |  |                                                                                                     |  |  |  | Employer (FOR NON-JUDICIAL) (See Instructions)<br>self                          |  |                                                          |  |
| 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<br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |  |                                                                                                     |  |  |  |                                                                                 |  |                                                          |  |

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

**3** Filer ID (Ethics Commission Filers)

\$

5 Date \_\_\_\_\_

**6** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

3/19/2024

Regina Johnson

**8** Amount of Contribution \$

1,026.21

**9 In-kind contribution description**

campaign kickoff  
food

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

~~stay at home parent~~

11 Employer (FOR NON-JUDICIAL) (See Instructions)

self

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 \_\_\_\_\_

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

3/19/2024

Caroline Vyvial

Amount of  
Contribution \$

280.00

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|
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- campaign kickoff
- photo booth, balloons
- deserts

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

stay at home parent

Employer (FOR NON-JUDICIAL) (See Instructions)

self

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)

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

## SCHEDULE A2

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

Revised 1/1/2024

# 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:<br>2                       | 2 FILER NAME<br>Donovan Campbell                                                                                                                              | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br>3/4/2024                                    | 5 Payee name<br>Anna McQueen                                                                                                                                  |                                                       |
| 6 Amount (\$)<br>811.92                               | 7 Payee address; City; State; Zip Code<br>3302 S Lake Village Dr; Katy TX 77450                                                                               |                                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                                       | (b) Description<br>Graphic Design and Web Development |
|                                                       | (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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                             |
| Date<br>3/6/2024                                      | Payee name<br>NBD Graphics                                                                                                                                    |                                                       |
| Amount (\$)<br>\$5,406.87                             | Payee address; City; State; Zip Code<br>917 S Mason Road Katy TX 77450                                                                                        |                                                       |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                                           | Description<br>Yard Signs Push Cards 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 ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                             |
| Date<br>4/3/2024                                      | Payee name<br>Anedot.com                                                                                                                                      |                                                       |
| Amount (\$)<br>\$323.80                               | Payee address; City; State; Zip Code<br>1430 Polydras Street Suite 1770 New Orleans LA 70112                                                                  |                                                       |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>Fees                                                                                          | Description<br>Donation Processing Fees               |
|                                                       | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                                       |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                             |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |                                                                                                                                                               |                                                       |

# 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:<br><b>2</b>                                                                           | 2 FILER NAME<br><b>Donovan Campbell</b>                                                                                                                       | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>3/25/24</b>                                                                                         | 5 Payee name<br><b>Ace Hardware</b>                                                                                                                           |                                                          |
| 6 Amount (\$)<br><b>81.08</b>                                                                                    | 7 Payee address; City; State; Zip Code<br><b>14455 Memorial Drive Houston TX 77079</b>                                                                        |                                                          |
| 8 PURPOSE OF EXPENDITURE                                                                                         | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>                                                                | (b) Description<br><b>Supplies for sign installation</b> |
|                                                                                                                  | (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 ONLY if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |                                                                                                                                                               |                                                          |
| Date<br><b>3/12/24</b>                                                                                           | Payee name<br><b>Groove</b>                                                                                                                                   |                                                          |
| Amount (\$)<br><b>143.50</b>                                                                                     | Payee address; City; State; Zip Code<br><b>23139 Grand Cir Blvd, Katy, TX 77449, USA</b>                                                                      |                                                          |
| PURPOSE OF EXPENDITURE                                                                                           | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>                                                                          | Description<br><b>April Dinner</b>                       |
|                                                                                                                  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                                          |
| Complete ONLY if direct expenditure to benefit C/OH<br>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 ONLY if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held   |                                                                                                                                                               |                                                          |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                                                              |                                                                                                                                                               |                                                          |



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

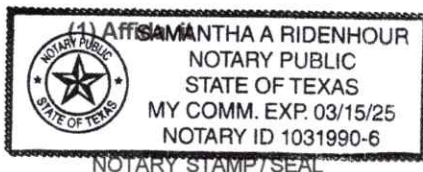
*Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.*

|                                       |            |
|---------------------------------------|------------|
| Filer name<br><u>Donovan Campbell</u> | Filer ID # |
|---------------------------------------|------------|

| OFFICE USE ONLY                                                                                               |           |
|---------------------------------------------------------------------------------------------------------------|-----------|
| Date Received<br><b>RECEIVED</b><br>APR 04 2024<br>By <u>2:15pm</u><br>Date Hand-delivered or Date Postmarked |           |
| Receipt #                                                                                                     | Amount \$ |
| Date Processed                                                                                                |           |
| Date Imaged                                                                                                   |           |

1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the \_\_\_\_\_ report due on \_\_\_\_\_.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:



[Signature]  
Signature of Filer

Sworn to and subscribed before me by Donovan Campbell this the 4th day of April,  
2024, to certify which, witness my hand and seal of office.  
Samantha Ridenhour Samantha Ridenhour Notary  
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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**