

# 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><div style="text-align: center; font-size: 24px;">11</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / <input checked="" type="checkbox"/> MR<br>FIRST: Eduardo MI: A<br>NICKNAME: "Eddie" LAST: Campirano SUFFIX:   | <b>OFFICE USE ONLY</b>   |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>3095 Smith Road Brownsville TX 77526   | Date Received<br><div style="font-size: 24px; color: blue; border: 2px solid blue; padding: 5px; display: inline-block;">RECEIVED</div><br><div style="color: red; font-weight: bold; font-size: 18px;">APR 26 2024</div><br>BY: |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE: (956) PHONE NUMBER: 459-9092 EXTENSION:   | Date Hand-delivered, or Date Postmarked<br>4/26/24 11:07am   |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR: <input checked="" type="checkbox"/> FIRST: Belinda MI: P<br>NICKNAME: Campirano LAST: SUFFIX:   | Receipt #  | Amount \$  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>3095 Smith Road Brownsville TX 78526  |  |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE: (956) PHONE NUMBER: 466-0750 EXTENSION:   |  |  |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input 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 checked="" 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>April / 04 / 2024    THROUGH    April / 26 / 2024  |  |  |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>MAY / 04 / 2024   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special                     |  |
| 12 OFFICE  | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)<br>Port Commissioner Place 3   |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages   | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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.  |  |  |
|  | <input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE TYPE   | COMMITTEE NAME   |
|  |  |  | COMMITTEE ADDRESS  |
|  |  |  | COMMITTEE CAMPAIGN TREASURER NAME  |
|  |  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS   |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

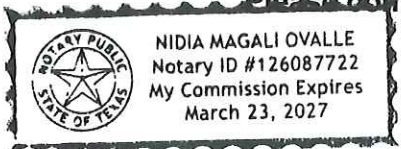
15 C/OH NAME Eduardo A. Campirano 16 Filer ID (Ethics Commission Filers)

|                         |   |             |
|-------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ - 0 -    |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1,000.00 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ - 0 -    |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 7,510.15 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 8,064.60 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ - 0 -    |

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.

*Eduardo A. Campirano*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Eduardo A. Campirano this the 26th day of April, 202024, to certify which, witness my hand and seal of office.  
Nidia M. Ovale Nidia M. Ovale 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><i>Eduardo A. Campirano</i> |   | 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                                      | \$ 1,000.00                            |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 588.00                              |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ -                                   |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ -                                   |
| 5.   | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 7,510.15                            |
| 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:<br><u>1</u>              |
| 2 FILER NAME<br><u>Eduardo A. Campirano</u>                                 |   | 3 Filer ID (Ethics Commission Filers)               |
| 4 Date<br><u>4/18/2024</u>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Ernesto Gamez</u>                     | 7 Amount of contribution (\$)<br><u>\$ 1,000.00</u> |
| 6 Contributor address; City; State; Zip Code<br><u>Brownsville TX 78520</u> |   |   |
| 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  | 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  | 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)                         |

**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><i>1</i>  |  |
| 2 FILER NAME<br><i>Eduardo A. Campirano</i>  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |  | \$  |  |
| 5 Date<br><i>4/18/2024</i>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Jovita Chase</i><br><i>Brownsville</i>         | 8 Amount of Contribution \$<br><i>8588.00</i>                                   | 9 In-kind contribution description<br><i>Food/Drink</i><br><i>FOR</i><br><i>Meet &amp; Greet</i> |
| 7 Contributor address; City; State; Zip Code<br>[REDACTED] <i>Brownsville, TX 78521</i>  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)   |  | 11 Employer (FOR NON-JUDICIAL)(See Instructions)                                |  |
| 12 Contributor's principal occupation (FOR JUDICIAL)   |  | 13 Contributor's job title (FOR JUDICIAL)(See Instructions)                     |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)  |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |  |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |  |   |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code | Amount of Contribution \$   | In-kind contribution description   |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)  |  | Employer (FOR NON-JUDICIAL)(See Instructions)                                   |  |
| 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)   |  |   |  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |   |  |

# 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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>5                       | <b>2</b> FILER NAME<br>Eduardo A. Campirano  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>4/4/2024                                    | <b>5</b> Payee name<br>Lone STAR BANK  |  |
| <b>6</b> Amount (\$)<br>\$3.00                               | <b>7</b> Payee address;<br>2100 Boca Chica Brownsville, TX   | City: State: Zip Code<br>TX 78520            |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking  | <b>(b)</b> Description<br>Service Charge     |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date<br>4/4/2024   | Payee name<br>Lone Star BANK   |  |
| Amount (\$)<br>\$39.66                                       | Payee address;<br>2100 Boca Chica Brownsville  | City: State: Zip Code<br>TX 78520            |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br>Accounting/Banking   | Description<br>Checks                        |
|  | <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>4/6/2024   | Payee name<br>Staples  |  |
| Amount (\$)<br>\$27.02                                       | Payee address;<br><del>Printing Expense</del><br>2436 Pablo Kisel Blvd Brownsville   | City: State: Zip Code<br>TX 78526            |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br>Printing Expense   | Description<br>Copies of Ballots             |
|  | <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  | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br><i>5</i>                | <b>2</b> FILER NAME<br><i>Eduardo A. Campirano</i>   | <b>3</b> Filer ID (Ethics Commission Filers)                    |
| <b>4</b> Date<br><i>4/7/2024</i>                             | <b>5</b> Payee name<br><i>Staples</i>  |   |
| <b>6</b> Amount (\$)<br><i>\$29.99</i>                       | <b>7</b> Payee address; City; State; Zip Code<br><i>2436 Pablo Kisel Blvd. Brownsville, TX 78526</i>   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Other</i>  | <b>(b)</b> Description<br><i>Rems of Paper Markers, STAPLES</i> |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held                                  |
| Date<br><i>4/7/2024</i>                                      | Payee name<br><i>Meta Ads (FaceBook)</i>   |   |
| Amount (\$)<br><i>\$50.00</i>                                | Payee address; City; State; Zip Code<br><i>1 Meta Way Menlo Park CA 94025</i>  |   |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i>   | Description<br><i>Face Book Ads</i>                             |
|  | <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><i>4/8/2024</i>                                      | Payee name<br><i>Unlimited Printing</i>  |   |
| Amount (\$)<br><i>\$1266.99</i>                              | Payee address; City; State; Zip Code<br><i>2695 N. Coria St Brownsville TX 78520</i>   |   |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i>  | Description<br><i>Door Hangers</i>                              |
|  | <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  | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><i>5</i>                       | <b>2</b> FILER NAME<br><i>Eduardo A. Campirano</i>  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><i>4/11/2024</i>                                   | <b>5</b> Payee name<br><i>Dems of Southern Cameron County</i>                                       |  |
| <b>6</b> Amount (\$)<br><i>\$100.00</i>                             | <b>7</b> Payee address; City; State; Zip Code<br><i>3207 Noble Dr. Brownsville TX 78526</i>         |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i>     | <b>(b)</b> Description<br><i>Addition to Candidate Guide for the MAY 4th Elections / Candidate Forum</i> |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.          | <input type="checkbox"/> Check if Austin, TX, officeholder living expense                                |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held   |
| Date<br><i>4/15/2024</i>  | Payee name<br><i>Unlimited Printing</i>   |  |
| Amount (\$)<br><i>\$297.69</i>                                      | Payee address; City; State; Zip Code<br><i>2695 N. Coria St Brownsville TX 78520</i>                |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i>             | Description<br><i>Printing of Sample Ballots</i>   |
|   | <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<br><i>4/18/2024</i>  | Payee name<br><i>Tequila Group</i>  |  |
| Amount (\$)<br><i>\$2500.00</i>                                     | Payee address; City; State; Zip Code<br><i>222 N. Expressway 77, Suite 150 Brownsville TX 78521</i> |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br><i>Consulting Expense</i>           | Description<br><i>Designs for Media Ad Campaign Strategies</i>   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                     | <input type="checkbox"/> Check if Austin, TX, officeholder living expense                                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought      Office held   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solidation/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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule F1:<br><i>5</i>                | 2 FILER NAME<br><i>Eduardo A. Campirano</i>   | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br><i>4/22/2024</i>                            | 5 Payee name<br><i>T. J. MAX</i>  |   |
| 6 Amount (\$)<br><i>\$101.68</i>                      | 7 Payee address; City; State; Zip Code<br><i>449 Morrison Road Brownsville TX 78526</i>   |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><i>Gift/Awards/Memorial Expense</i>   | (b) Description<br><i>Prizes for Meet &amp; Greet</i> |
|   | (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><i>4/22/2024</i>                              | Payee name<br><i>Fiesta Graphics</i>  |   |
| Amount (\$)<br><i>\$54.12</i>                         | Payee address; City; State; Zip Code<br><i>205 Paredes Line Road Brownsville TX 78521</i>   |   |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i>   | Description<br><i>stands for yard signs</i>           |
|   | <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><i>4/24/2024</i>                              | Payee name<br><i>AIM Media</i>  |   |
| Amount (\$)<br><i>\$2,500.00</i>                      | Payee address; City; State; Zip Code<br><i>1400 E. Nolana Ave. McAllen TX 78504</i>   |   |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i>  | Description<br><i>Media Adc Sms Text 7 Adc</i>        |
|   | <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                        | 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.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>5                       | <b>2</b> FILER NAME<br>Eduardo A. Campirano  | <b>3</b> Filer ID (Ethics Commission Filers)    |
| <b>4</b> Date<br>4/24/2024                                   | <b>5</b> Payee name<br>The Broken Sprocket   |   |
| <b>6</b> Amount (\$)<br>\$200.00                             | <b>7</b> Payee address; City; State; Zip Code<br>6305 Paredes Line Road Brownsville TX 78526   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Bev Expense  | <b>(b)</b> Description<br>Food for Meet + Greet |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                       |
| Date<br>4/24/2024  | Payee name<br>Meta Ads (FaceBook)  |   |
| Amount (\$)<br>\$400.00                                      | Payee address; City; State; Zip Code<br>1 Meta Way Menlo Park CA 94025   |   |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | Description<br>Face Book Ads                    |
|  | <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   | 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          | Candidate / Officeholder name  | Office sought Office held                       |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED