

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: 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MS. AISLYNN NICKNAME LAST SUFFIX CAMPBELL	OFFICE USE ONLY	
	Date Received		Date Filed <u>10/05/2018</u> <i>Rebecca Huerta</i> Rebecca Huerta City Secretary Date Hand-delivered or Date Postmarked
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 510 MCCLENDON ST. C.C. TX 78404	Receipt # Amount \$	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 548-3373	Date Processed	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MS. CHRISTIE NICKNAME LAST SUFFIX IRPS	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 418 PLEIADES PL. C.C. TX 78418		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 779-7402		
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) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 30 / 2018 THROUGH 09 / 27 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 11 / 06 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) MAYOR	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
AISSLYNN CAMPBELL

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

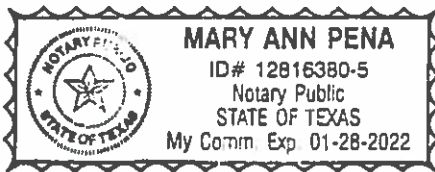
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ ITEMIZED
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,934.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 460.19
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,219.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,004.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 200.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Aislynn Campbell
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Aislynn Campbell, this the 5th day of October, 2018, to certify which, witness my hand and seal of office.

Mary Ann Pena Signature of officer administering oath
Mary Ann Peña Printed name of officer administering oath
Notary Public Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME AISLYNN CAMPBELL		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9934.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 200.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6219.75
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 812.48
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 ITEMIZED

2 FILER NAME

AISLYNN CAMPBELL

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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)

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.

2018 Aislynn Campbell Campaign

Contributors (Schedule A1)

Total To Date: \$9,934.00

7/30-9/27/2018

Contributors	Amount	Date	Address	City	State	Zip Code
David Loeb	\$1,000.00	8/1/18	425 Del Mar Blvd.	Corpus Christi	TX	78404
S&G's Stores LLC	\$500.00	8/5/2018	4820 Kostoryz Rd. #A	Corpus Christi	TX	78415
Jaime Bustos	\$20.00	8/10/2018		Corpus Christi	TX	
Marilyn Litt	\$20.00	8/10/2018		Corpus Christi	TX	
Coastal Trailer Trash	\$100.00	8/10/2018	1026 S. Navigation Blvd.	Corpus Christi	TX	78405
Matt Adler	\$100.00	8/10/2018	PO Box 5405	Corpus Christi	TX	78411
Barb Craig	\$20.00	8/10/2018		Corpus Christi	TX	
Robert Maggianni	\$100.00	8/10/2018	3071 FM 1044	New Braunfels	TX	78130
Emily McAnnally	\$100.00	8/11/2018	13203 Autumn Valley Dr.	Cypress	TX	77429
Neil McQueen	\$60.00	8/10/2018	4213 Estate Dr.	Corpus Christi	TX	78412
Dora Wilburn	\$20.00	8/12/2018		Corpus Christi	TX	
Jacqueline Rosier	\$20.00	8/12/2018		Corpus Christi	TX	
Monica O'Keefe	\$50.00	8/12/2018	710 Buffalo #802	Corpus Christi	TX	78401
Nelda Martinez	\$250.00	8/12/2018	330 Cole St.	Corpus Christi	Tx	78404
Sidero Fenner	\$15.00	8/12/2018	2821 South Sea Dr.	Corpus Christi	TX	78418
Phillip Davis	\$100.00	8/12/2018	622 Santa Monica	Corpus Christi	TX	78411
Laura Bell	\$5.00	8/12/2018	7725 Arbolito St.	Corpus Christi	TX	78414
David Gurney	\$50.00	8/13/2018	1001 Hamlin Dr.	Corpus Christi	TX	78411
Michelle King	\$80.00	8/13/2018	738 Orleole St	Corpus Christi	TX	78418
Allison Rodriguez	\$50.00	8/13/2018	472 Barracuda Pl.	Corpus Christi	TX	78411
Cornelia Perabo	\$15.00	8/13/2018	413 Barracuda Pl.	Corpus Christi	TX	78411
Leslie Provence	\$50.00	8/13/0208	1315 Schley Ave	San Antonio	TX	78201
Miles Herndon	\$100.00	8/14/2018	2902 St. Luke St.	Corpus Christi	TX	78418
Barry Thornton	\$100.00	8/15/2018	4306 Crested Butte Dr.	Corpus Christi	TX	78413
Vicki & Paul Jamison	\$100.00	8/16/2018	8062 FM 631	Taft	TX	78390
Marilyn Litt	\$100.00	8/16/2018	15842 Portillo Dr	Corpus Christi	Tx	78418
Geri Elliff	\$15.00	8/17/2018	4609 Mildred Dr.	Corpus Christi	TX	78411
Anthony Zoccolillo	\$100.00	8/17/2018	725 Pennington Dr.	Corpus Christi	TX	78412

Victoria Livingston	\$15.00	8/17/2018	7701 Yoakum Circle	Corpus Christi	TX	78413
Keith Rowley	\$50.00	8/19/2018	9808 Lake Waashington Blvd NE	Bellevue	WA	98004
Veronika Montelongo	\$25.00	8/19/2018				
Marilyn Brodeur	\$100.00	8/20/2018	13905 Flintlock Dr.	Corpus Christi	TX	78418
Tina Trusty	\$25.00	8/20/2018	6614 Rhine, Unit B	Corpus Christi	TX	78412
Kyle Bauer	\$10.00	8/21/2018				
Kaleigh Glover	\$10.00	8/20/2018	221 Las Palmas Dr.	Corpus Christi	TX	78418
Jeremy Rodriguez	\$10.00	8/21/2018				
Scott Elliff	\$100.00	8/19/2018	929 Driftwood Place	Corpus Christi	TX	78411
Julie & Barry Rogers	\$300.00	8/21/2018	710 Furman Ave.	Corpus Christi	TX	78404
Amanda Guerrero	\$15.00	8/21/2018	4401 Green Grove	Corpus Christi	TX	78415
Monica Benavides	\$15.00	8/21/2018	7829 Armstrong Dr.	Corpus Christi	TX	78413
Jan Simnacher	\$25.00	8/22/2018	307 Cactus Dr.	Levelland	TX	79336
Theresa Beck	\$100.00	8/22/2018	14210 Jackfish Ave.	Corpus Christi	TX	78418
Libby Huffman	\$15.00	8/22/2018	622 S. Tanchua	Corpus Christi	TX	78401
Amy Bethel	\$15.00	8/21/2018	11110 Annaville Rd.	Corpus Christi	TX	78410
Adriana Leiva	\$20.00	8/22/2018				
Angelica Martinez	\$100.00	8/22/2018	5430 Whitemarsh Drive	Corpus Christi	TX	78412
Anell Neale	\$15.00	8/23/2018	1042 Catalina Pl.	Corpus Christi	TX	78413
Monica Sawyer	\$100.00	8/24/2018	15005 Windward Dr #212	Corpus Christi	TX	78411
Alex Guerra	\$100.00	8/24/2018	4425 Dolphin Pl.	Corpus Christi	TX	78415
Cathy Arce	\$160.00	8/22/2018	4646 Corona	Corpus Christi	TX	78411
Tania Ramirez	\$20.00	8/24/2018	1918 L St.	San Diego	CA	92102
Wolf and Moon Apparel	\$15.00	8/25/2018	5442 Bonham St.	Corpus Christi	TX	78415
Charles and Susan Jackson	\$100.00	8/25/2018	457 Dolphin Pl.	Corpus Christi	TX	78411
Hayden Head	\$100.00	8/26/2018	2813 Oakbriar Trl.	Fort Worth	TX	76109
Brad and Shari Brown	\$100.00	8/26/2018	106 Hawthorne Pl	Portland	TX	78374
Nicole Thornton	\$15.00	8/16/2018	2318 Virden Ct.	Corpus Christi	TX	78418
Kellie Smith	\$15.00	8/16/2018	15310 Bounty Ave.	Corpus Christi	TX	78418
Jonda Watson	\$25.00	8/16/2018	3217 Seafoam Dr.	Corpus Christi	TX	78418
Insightful Jewels	\$10.00	8/15/2018				
Hailey Chapman	\$15.00	8/16/2018	7506 Aborigine St.	Corpus Christi	TX	78414
Armadillo Sports Chiropractic	\$500.00	8/22/2018	1220 Airline Rd. Ste 280	Corpus Christi	TX	78412
Robert Maggianni	\$50.00	8/27/2018	3071 FM 1044	New Braunfels	TX	78130
Lynda Jones	\$50.00	8/28/2018	602 Vaky St.	Corpus Christi	TX	78404
Susan & Francesco Inguaggiato	\$100.00	8/30/2018	5325 St. Andrews dr.	Corpus Christi	TX	78413
Bradley Bunting	\$30.00	8/30/2018	500 N. Shoreline, Ste. 307	Corpus Christi	TX	78401

Raul Ramirez	\$20.00	8/31/2018	6801 Gallic	Corpus Christi	TX	78413
JJ Hart	\$5.00	8/31/2018		Corpus Christi	TX	78418
William Thompson	\$15.00	09/01/2018	8326 Salsa	Corpus Christi	TX	78414
Atlantis Johnson	\$100.00	09/02/2018	P.O, Box 10154	Corpus Christi	TX	78460
Valeri Starr-Lopez	\$25.00	09/02/2018	not provided			
Dianna Bluntzer Sherman	\$100.00	9/3/2018	333 Barracuda Place	Corpus Christi	TX	78411
David Bright	\$100.00	09/04/2018	318 Barracuda	Corpus Christi	Tx	78411
Robert & Bridget May	\$100.00	09/04/02/18	165 Kush	Corpus Christi	TX	78404
Leo Ruiz	\$20.00	09/04/2018		Corpus Christi	TX	
Gilda Ramirez	\$500.00	09/04/2018	6433 Clairfield	Corpus Christi	TX	78414
Johanna Beck	\$10.00	8/30/2018		Corpus Christi	TX	
Reavelyn Pray	\$15.00	9/4/2018	3401 Crest Cliff	Corpus Christi	TX	78415
Sarah Scott	\$15.00	9/4/2018	13906 Sea Anchor	Corpus Christi	TX	78418
Lisa McGrew	\$5.00	9/4/2018		Corpus Christi	TX	
Angela Byrum	\$15.00	9/5/2018	317 Peoples St. Apt. 1005	Corpus Christi	TX	78401
Suzanne Sudder	\$35.00	09/05/2018		Corpus Christi	TX	
Paula Beaton Forbes	\$15.00	09/05/2018		Corpus Christi	TX	
Samantha Hanson	\$20.00	09/05/2018	614 Webb St.	Corpus Christi	TX	78418
Christie Irps	\$50.00	09/05/2018	401 N. Chapairral #301	Corpus Christi	TX	78401
Tom Cecil	\$500.00	09/05/2018	339 BayCliff Dr.	Corpus Christi	TX	78412
Linda Gibeau	\$15.00	09/07/2018	410 Southern St.	Corpus Christi	TX	78404
Joe & Imelda Davis	\$54.00	09/07/2018	949 Airline Rd	Corpus Christi	TX	
Denise & Tommy Dicus	\$40.00	09/07/2018	5925 Riley Dr.	Corpus Christi	TX	78412
Randall & Cristela Webb	\$50.00	09/07/2017	6006 Garden Ct.	Corpus Christi	TX	78413
Ofelia Chavez	\$20.00	09/08/2018		Corpus Christi	TX	
Gerry Sansing	\$20.00	09/08/2018		Corpus Christi	TX	
Bruce Olson	\$20.00	09/08/2018		Corpus Christi	TX	
Dr. Vijay & Pooja Bindingavele	\$150.00	09/10/2018	309 Cape Cod Dr.	Corpus Christi	TX	78412
Iris Lerhman	\$50.00	09/10/2018	5925 Riley Dr.	Corpus Christi	TX	78411
Emily & Marcus Dodd	\$300.00	9/10/2018	7522 Lourdes St	Corpus Christi	Tx	78414
Dr. Meera Gangadharan	\$100.00	9/14/2018	1717 Wittner	Corpus Christi	TX	78418
Geraldj Barrios	\$5.00	9/14/2018	Not Provided	Corpus Christi	TX	
Susan Chilcoat	\$20.00	9/17/2018	Not Provided	Corpus Christi	TX	
Dakota Blea	\$15.00	9/14/2018	2209 Savoy St.	Corpus Christi	TX	78414
Elizabeth McKay	\$15.00	9/14/2018	1008 Marguerite St	Corpus Christi	TX	78401
Reba Gandra	\$75.00	9/17/2018	5406 Armstrong	Corpus Christi	TX	78413
Tracy Little	\$100.00	9/17/2018	1277 S. CR 305	Orange Grove	TX	78372

Joe Olivarez/Yvonne Luna	\$300.00	9/18/2018	317 Peoples St. #506	Corpus Christi	TX	
Tami Longino	\$30.00	9/18/2018	802 Alden	Corpus Christi	TX	78412
Joyce Moore	\$200.00	9/19/2018	5630 Lexington Road	Corpus Christi	TX	78412
Veronika Montelongo	\$25.00	9/19/2018		Corpus Christi	TX	
Jeannie White	\$100.00	9/19/2018	5506 Sarazen Drive	Corpus Christi	TX	78413
Dr. Jimle Owsley	\$50.00	9/20/2018	P.O. Box 1876	Corpus Christi	TX	7843
Adina Garcia	\$20.00	9/20/2018	5213 Carriage Ln,	Corpus Christi	TX	78415
Vida Mason	\$15.00	9/19/2018	709 Saint Agatha Dr	Corpus Christi	TX	78418
Shannon Wilde	\$500.00	9/21/2018	433 Cape Henry	Corpus Christi	TX	78412
Ruth Ramos	\$200.00	9/17/2018	4002 Lowman St	Corpus Christi	TX	78411
Daniel Lamb	\$20.00	9/20/2018		Corpus Christi	TX	
Dr. Judith Sutherland	\$20.00	9/19/2018	229 Country Club Dr.	Corpus Christi	TX	78412
Harley and Amanda Mathews	\$15.00	9/24/2018	4513 S. Staples, #206	Corpus Christi	TX	78411
Gerl Vela	\$15.00	9/25/2018	537 Naples St	Corpus Christi	TX	78404

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: NONE	
2 FILER NAME AISLYNN CAMPBELL		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
<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#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
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)			

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

NONE

2 FILER NAME

AISLYNN CAMPBELL

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME AISLYNN CAMPBELL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 200.00
5 Date of loan 7/30/18	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ... AISLYNN CAMPBELL ...	9 Loan Amount (\$) \$ 200.00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 510 McClendon C.C. TX 78411	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

2018

Aislynn Campbell Campaign

Vendor Expenses (Schedule F1)

Total To Date: \$5,759.56
7/30-9/27/18

Expenses	Amount	Date	Category/Purpose	Address
GoDaddy.com	\$155.11	7/30/18	Advertising Expense	14455 N. Hayden Rd., Ste. 219, Scottsdale, AZ 85260
Quick Print	\$192.69	8/10/2018	Printing Expense	615 Leopard St., Corpus Christi, TX 78401
Office Depot	\$127.72	08/09/2018	Printing Expense	1737 S. Staples St., Corpus Christi, TX 78404
Paypal	\$163.84	8/5-9/27/18	Fees	Omaha, Nebraska
Arrow	\$3,344.94	8/20-9/26/18	Advertising Expense	1340 S. Staples St., Corpus Christi, TX 78404
Vistaprint	\$430.61	8/20/2018	Advertising Expense	85 Hayden Ave., Lexington, MA 02421
Home Depot	\$481.19	8/27-9/18/18	Advertising Expense	4038 S. Port Ave., Corpus Christi, TX 78415
Facebook	\$663.46	8/31-9/26/18	Advertising Expense	1 Hacker Way, Menlo Park, CA 94025

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F2: 1	2 FILER NAME AISLYNN CAMPBELL	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 812.48
--	-----------

5 Date 9/27/18	6 Payee name FACEBOOK
--------------------------	---------------------------------

7 Amount (\$) \$ 362.48	8 Payee address; City: State: Zip Code 1 HACKER WAY, MENLO PARK, CA 94025
-----------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	--	--

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name AISLYNN CAMPBELL	Office sought MAYOR	Office held
---	---	------------------------	-------------

Date 9/27/18	Payee name ARROW SIGNS
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Amount (\$) \$450.00	Payee address; City: State: Zip Code 1340 S. STAPLES ST., CORPUS CHRISTI, TX 78404
-------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name AISLYNN CAMPBELL	Office sought MAYOR	Office held
---	---	------------------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

NONE

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

AIISLYNN CAMPBELL

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City: State: Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City: State: Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F4:	2 FILER NAME AISLYNN CAMPBELL	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME AISLYNN CAMPBELL	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name NONE
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6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H:	2 FILER NAME AISLYNN CAMPBELL	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name NONE	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME AISLYNN CAMPBELL	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name NONE
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
---	---	---

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	---	---

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	---	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
NONE

2 FILER NAME

AISLYNN CAMPBELL

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

The instruction Guide explains how to complete this form.

1 Total pages Schedule T: NONE

2 FILER NAME

AISLYNN CAMPBELL

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED