CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER Mrs. Kandi D. Date Received NICKNAME LAST SUFFIX Campbell 4 CANDIDATE / APT / SUITE #; ADDRESS / PO BOX; ZIP CODE **OFFICEHOLDER** 29 Val Verde Rd., Big Spring, TX 79720 MAILING **ADDRESS** Change of Address PHONE NUMBER AREA CODE 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (432)213-4552 PHONE Receipt # Amount \$ FIRST MS / MRS / MR 6 CAMPAIGN MI **TREASURER** Mrs. Kandi D. Date Processed NAME NICKNAME LAST SUFFIX

	317/2004/2004/2004/2004/2004	Ca	ımpbell			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	CONTROL OF SECURITION OF		g Spring, TX 79	сіту; 9 720		STATE;	ZIP CODE
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	(432)	213-4		EXTENSION			
9 REPORT TYPE	January 15 July 15		30th day before election	Runoff Exceeder Reporting	d Modified a Limit	treasurer a (Officeholde	ter campaign ppointment er Only) rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 4	Day /	Year / 21	rhrough	Month 7	Day Year 13 / 21	,
11 ELECTION	Month Day	Year	■ Primary General	Runoff	CTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any)			Justice of		ace 2-1	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THE	L CONTRIBUTIONS ACCEPTS ESE EXPENDITURES MAY HAD DLDERS ARE REQUIRED TO R	VE BEEN MADE WITH	OUT THE CANDIDA	TE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTE	E NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTE	E CAMPAIGN TREASURE	R ADDRESS			
			GO TO PAG	E 2			
Forms provided by Texas F	thics Commission		www.ethics.state.	tx.us			Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Kandi D. Campbell		1	6 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)		\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES		\$	988.44
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	412.56
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	ГНЕ	\$	1,401.00

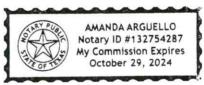
18 SIGNATURE

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:

(1) Affidavit



NOTARY STAMP/SEAL		
Sworn to and subscribed before me by	and blampbell this the	13 day of <u>JULY</u> ,
20 , to certify which, witness my ha	and and seal of office.	
amba Buillo	amanda arequello	Notaru
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

	Company of the second	OR		e Veranie		THE TANK
(2) Unsworn Declaration	n					
My name is		, aı	nd my date of b	oirth is		
My address is				_,	,	
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of	(month)	, 20 (year)	_•
			Signature of	Candidate/Ot	fficeholder (Dec	elarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FIL	LER NAME 2	PO Filer ID (Ethics Commis	sion Filers)			
Kan	di D. Campbell					
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	SCHEDULE E: LOANS	\$	601.00			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	FRIBUTIONS \$	988.44			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os \$	0.00			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$	0.00			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

LOANS SCHEDULE E

If the requested	d information is not applicable, DO NO	T include this page in the re	port.			
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E: 2			
2 FILER NAME	2 FILER NAME					
Kandi D. Car	npbell					
4 TOTAL OF UN	NITEMIZED LOANS		\$ 601.00			
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)			
05/14/2021	Kandi Campbell		50.00			
6 Is lender a financial Institution?	8 Lender address; City; 29 Val Verde Rd. Big Spring TX	State; Zip Code (79720	10 Interest rate 0.00			
Y N			11 Maturity date 01/15/2023			
	on / Job title (See Instructions)	13 Employer (See Instructions)				
Paralegal		C.E. (Mike) Thomas	s III			
14 Description of Coll none	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)			
16 GUARANTOR INFORMATION	17 Name of guarantor	<u> </u>	19 Amount Guaranteed (\$)			
• not analisable	18 Guarantor address; City;	State; Zip Code				
■ not applicable		04 -				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	**			
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)			
05/18/2021	Kandi Campbell		51.00			
is lender a financial Institution?	Lender address; City;	State: Zip Code	Interest rate 0.00			
YIN	29 Val Verde Rd. Big	79720	Maturity date 01/15/2023			
	on / Job title (See Instructions)	Employer (See Instructions)				
Paralegal		C.E. (Mike) Thomas				
Description of Colli	ateral	Check if personal fund account (See Instruction	ds were deposited into political ions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
■ not applicable						
Principal Occupati	on (See Instructions)	Employer (See Instructions)				
lf le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE				

LOANS

SCHEDULE E

The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E: 2
FILER NAME			
Kandi D. Car	3 Filer ID (Ethics Commission Filer		
TOTAL OF UN	NITEMIZED LOANS		\$ 601.00
Date of loan	7 Name of lender out-of-state	9 Loan Amount (\$)	
06/14/2021	Kandi Campbell		250.00
ls lender a financial Institution?	10 Interest rate 0.00		
YIN	29 Val Verde Rd. Big Spring T		11 Maturity date 01/15/2023
² Principal occupati Paralegal	on / Job title (See Instructions)	13 Employer (See Instructions)	- III
4 Description of Coll	ateral	C.E. (Mike) Thomas	
■ none		Check if personal fun account (See Instruc	nds were deposited into political itions)
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
■ not applicable			
Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
06/16/2021	Kandi Campbell		250.00
Is lender a financial Institution?	29 Val verde Rd, Bi	State; Zip Code	Interest rate 0.00
YIN	W (W C C C C C C C C C C C C C C C C C	79720	Maturity date 01/15/2023
	on / Job title (See Instructions)	Employer (See Instructions)	
aralegal		C.E. (Mike) Thomas	3
Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
■ not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	1
		L seminario	

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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kandi D. Campbell 4 Date 5 Payee name 05/07/2021 Speedy Signs USA 6 Amount (\$) 7 Payee address; City; State; Zip Code 162 SW Spencer Court, Ste 107, Lake City, FL 32024 301.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Printing Expense Yard Signs and Banners **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 05/21/2021 Oriental Trading Company Amount (\$) Payee address; City; State: Zip Code P.O. Box 2308, Omaha, NE 68103-2308 119.21 Category (See Categories listed at the top of this schedule) Description Event Expense July 4th decor and giveaways for parade float **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 06/02/2021 Dazzling Decor Amount (\$) Payee address; City, State; Zip Code 1304 Scurry, Big Spring, Texas 79720 46.63 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Expense July 4th decor for parade float OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 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.

ii ale requested iiii	Official Control	not applicable, Bo Hor		ino page in the re	shore	
		EXPENDITURE CATE	GORIES I	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salarles/W	pense /ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME	·		3 Filer ID (Ethic	s Commission Filers)
3	Kandi D.	Campbell				,
4 Date	5 Payee na	me				
06/07/2021	Canva					
6 Amount (\$) 37.00	7 Payee ad 162 SW	^{dress;} Spencer Court, Ste 1	07, Lak	city; e City, FL 3202	State; 24	Zip Code
8	(a) Categori	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE		Expense	sonedule)	Palm Cards		
OF EXPENDITURE	, mining	Lapense		aiiii Caids		
·	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
06/23/2021	Uberprin	ts				
Amount (\$)	Payee ad	dress;		City;	State:	Zip Code
405.32	115 Ruth	Dr., Athens, GA 306	01			
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s Expense	schedule)	Description Campaign T-S	Shirts	
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				***
06/24/2021	Oriental	Trading Company				
Amount (\$)	Payee ad			City;	State;	Zip Code
54.28	P.O. Box	2308, Omaha, NE 68	3103-23	80		
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense Flags/ Giveaway for 4th of July Ev					
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austii	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL CODIES	OF THIS	SCHEDIII E VO VICE	nen	***************************************

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	у	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Ove Polling Ex Printing E: Salaries/V	xpense Vages/Contract Labor	Travel In District Travel Out Of Distri	oment & Related Expense		
	2 FILER NA Kandi D.				3 Filer ID (Ethic	s Commission Filers)		
4 Date 07/06/2021	5 Payee nar Lions Clu	ib Coahoma						
6 Amount (\$) 25.00	7 Payee add P.O. Box	^{lress;} 722, Coahoma, TX	79511	City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category Event Ex	(See Categories listed at the top of ti	nis schedule)	(b) Description Fee for Booth Club Trade Da		homa Lions		
9 Complete <u>QNLY</u> if direct		te / Officeholder name	e Schedule T.	Check if Austi	n, TX, officeholder living	g expense Office held		
expenditure to benefit C/OH								
Date	Payee nan	ne						
Amount (\$)	Payee add	ress;		City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category	See Categories listed at the top of thi	s schedule)	Description				
	c	check if travel outside of Texas. Complete	Schedule T.	edule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held		
Date	Payee nar	ne						
Amount (\$)	Payee add	ress;		City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	s schedule)	Description				
	c	heck if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held		
	ATT	ACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEE	DED	<u></u>		