

# 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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Pamela Campbell** R.  
FIRST LAST MI SUFFIX  
NICKNAME LAST SUFFIX

**OFFICE USE ONLY**

Date Received

Office of Legal Services  
Irving ISD

APR 05 2019

RECEIVED

*Handwritten signature and date: @ 11:55 AM*

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
**1613 Oak Meadow Irving TX 75061**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(214) 952-8320**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Heather Stroup** A.  
FIRST LAST MI SUFFIX  
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE, ZIP CODE  
**429 Hanover Lane  
Irving, TX 75061**

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(972) 896-6861**

9 REPORT TYPE

- January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)
- July 15     8th day before election     Exceeded \$500 limit     Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year  
**01/18/2019    04/04/2019**

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     Other Description  
**05/04/2019**     General     Special

12 OFFICE

OFFICE HELD (if any)  
**School Board  
District 3**

13 OFFICE SOUGHT (if known)

**School Board  
District 3**

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT


FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE      COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS


17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 325.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,418.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 325.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,127.08

**18 AFFIDAVIT**



AFFIX NOTARY STAMP/ SEAL ABOVE

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

Sworn to and subscribed before me, by the said Pamela Campbell, this the 5th day of April, 2019, to certify which, witness my hand and seal of office.

Andrea I. Hernandez  
Signature of officer administering oath

Andrea I. Hernandez  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 325.00
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	\$ 1,127.08
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,418.43
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Pamela Campbell*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/24/2019*

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

*howie & Carrie Reynolds*

6 Contributor address; City; State; Zip Code

*110 St. James Irving TX 75063*

7 Amount of contribution (\$)

*\$75.00*

8 Principal occupation / Job title (See Instructions)

*Retired / Artist*

9 Employer (See Instructions)

Date

*3/24/2019*

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

*Barbara T. Smith*

Contributor address; City; State; Zip Code

*806 S. Storey St. Dallas TX 75023*

Amount of contribution (\$)

*\$50.00*

Principal occupation / Job title (See Instructions)

*Realtor*

Employer (See Instructions)

Date

*3/24/2019*

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

*Ana h. Baker*

Contributor address; City; State; Zip Code

*2548 Wedgley Dallas TX 75211*

Amount of contribution (\$)

*\$100.00*

Principal occupation / Job title (See Instructions)

*Retired / Gen. Cont.*

Employer (See Instructions)

Date

*Roger & Kristy Brooks*  
 Contributor address; City; State; Zip Code  
*1609 Oak Meadow Irving TX 75061*

Amount of contribution (\$)

*\$50.00*

Principal occupation / Job title (See Instructions)

*CEO Girl Power Sales*

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Pamela Campbell</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/24/2019</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karen/Gerald Jarvis</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>1308 Mosswood Irving TX 75061</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Pamela Campbell</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>3/18/2019</i>	7 Name of lender <i>Bill Campbell</i> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	9 Loan Amount (\$) <i>\$1,127.08</i>
6 Is lender a financial institution? <i>N</i>	8 Lender address; City; State; Zip Code <i>1613 Oak Meadow Irving, TX 75061</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Retired</i>		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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? <i>N</i>	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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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:		2 FILER NAME <i>Pamela Campbell</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/5/2019</i>		5 Payee name <i>Fed Ex Office</i>			
6 Amount (\$) <i>\$29.76</i>		7 Payee address; City; State; Zip Code <i>3201 W. Airport Freeway Irving, TX 75062</i>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(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: <i>Pamela Campbell</i> Office sought: <i>School Board Dist 3</i> Office held: <i>School Board Dist 3</i>				
Date <i>3/9/2019</i>		Payee name <i>Office Depot</i>			
Amount (\$) <i>\$20.99</i>		Payee address; City; State; Zip Code <i>1000 Airport Freeway Irving, TX 75061</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		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: <i>Pamela Campbell</i> Office sought: <i>School Board Dist 3</i> Office held: <i>School Board Dist 3</i>				
Date <i>3/14/2019</i>		Payee name <i>Fed. Ex Office</i>			
Amount (\$) <i>\$39.23</i>		Payee address; City; State; Zip Code <i>3201 W. Airport Freeway Irving, TX 75062</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		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: <i>Pamela Campbell</i> Office sought: <i>School Board Dist 3</i> Office held: <i>School Board Dist 3</i>				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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:		2 FILER NAME <i>Pamela Campbell</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/18/2019</i>		5 Payee name <i>Fed Ex Office</i>			
6 Amount (\$) <i>\$2651</i>		7 Payee address; City; State; Zip Code <i>3201 W. Airport Freeway Irving, TX 75062</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Pamela Campbell</i>		Office sought <i>Dist 3</i> Office held <i>Dist 3</i> <i>School Board School Board</i>	
Date <i>3/18/2019</i>		Payee name <i>Minuteman Press</i>			
Amount (\$) <i>\$174.86</i>		Payee address; City; State; Zip Code <i>940 N. Beltline Rd. Irving, TX 75061</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		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 <i>Pamela Campbell</i>		Office sought <i>Dist 3</i> Office held <i>Dist 3</i> <i>School Board School Board</i>	
Date <i>3/18/2019</i>		Payee name <i>EDSI Edward Patterson</i>			
Amount (\$) <i>\$1,127.08</i>		Payee address; City; State; Zip Code <i>203 S. Beltline Rd Irving, TX 75060</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Print Yard Signs</i>		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 <i>Pamela Campbell</i>		Office sought <i>Dist 3</i> Office held <i>Dist 3</i> <i>School Board School Board</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED