CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:			OFFICE	E USE ONLY
	00032066		33			Date Received	
	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONI	CALLY FILED
	OFFICEHOLDER NAME	Ms.	Norma P.			01/22/2024	
		NICKNAME	LAST		SUFFIX		
			Chavez			Date Hand delivere	ed or Date Postmarked
_	ORIGINAL	X January 15	Runoff	Other (s	pecify)	Date Hand-delivere	d of Date Fostillarked
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam			-	
		8th day before election	appointment (office	• • •		Date Processed	•
	ODICINIAL DEDICE		<u> </u>	<u> </u>	V	_	
	ORIGINAL PERIOD COVERED	Month Day Ye 07/01/2023	ar THROUGH	Month Day 12/31/2023	Year	Date Imaged	
_	EVEL ANIATION OF C			12/31/2023		L	
	EXPLANATION OF C	ibutions for the 7/1/23-12/3	01/02 Danart I falla -l t-	roport o #2 FOO sector	ibution from O		100 from in divide
	AFFIDAVIT		and	ear, or affirm, under po correct. ock the box next to any			eted report is true
	AFFIDAVIT		and	correct.	and all applicas: I swear, or	able statements: r affirm that the o	riginal report ead or to
	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual reports was made in good fa	and all applica s: I swear, or aith and without ormation contain swear, or affirm the 14th busing ginally filed is int any error or or	able statements: r affirm that the o t an intent to misl ined in the report. , that I am filing the ess day after the naccurate or inco	riginal report ead or to his corrected date I learned implete. I
	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	and all applica s: I swear, or aith and without ormation contain swear, or affirm the 14th busing ginally filed is int any error or or	able statements: r affirm that the o t an intent to misl ined in the report. , that I am filing the ess day after the naccurate or inco mission in the rep	riginal report ead or to his corrected date I learned implete. I
		AMD (CEAL ADO)/E	and Che	Semiannual reports was made in good fa misrepresent the info Other reports: I sereport not later than that the report as ori swear, or affirm, that filed was made in good	e and all applica s: I swear, or aith and without ormation contain swear, or affirm the 14th busine ginally filed is in any error or or and faith.	able statements: r affirm that the o t an intent to misl ined in the report. , that I am filing the ess day after the naccurate or inco mission in the rep	riginal report ead or to his corrected date I learned implete. I port as originally
		AMP / SEAL ABOVE	and Che	Semiannual reports was made in good fa misrepresent the info Other reports: I sereport not later than that the report as ori swear, or affirm, that filed was made in good	e and all applica s: I swear, or aith and without ormation contain swear, or affirm the 14th busine ginally filed is in any error or or and faith.	able statements: r affirm that the o t an intent to misl ined in the report. , that I am filing the ess day after the naccurate or inco mission in the report. Chavez	riginal report ead or to his corrected date I learned implete. I port as originally
	AFFIX NOTARY ST		and Che	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go Signatu	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith. Ms. Norma Parre of Candidate	able statements: r affirm that the o t an intent to misl- ined in the report. , that I am filing these day after the naccurate or inco- mission in the report. Chavez e or Officeholder	riginal report ead or to his corrected date I learned mplete. I port as originally
	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sa	and Che	Semiannual reports was made in good famisrepresent the info Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good Signature.	and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith. Ms. Norma P Ire of Candidate _, this t	able statements: r affirm that the o t an intent to misl- ined in the report. , that I am filing these day after the naccurate or inco- mission in the report. Chavez e or Officeholder	riginal report ead or to his corrected date I learned mplete. I port as originally
	AFFIX NOTARY ST Sworn to and subsc		and Che	Semiannual reports was made in good famisrepresent the info Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good Signature.	and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith. Ms. Norma P Ire of Candidate _, this t	able statements: r affirm that the o t an intent to misl- ined in the report. , that I am filing these day after the naccurate or inco- mission in the report. Chavez e or Officeholder	riginal report ead or to his corrected date I learned mplete. I port as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00032066	sion Filers)	2 Total pages fil	ed: :3
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
NAME	Ms.	Norma P.			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST Chavez		SUFFIX	··· 01/22/2024	
4 CANDIDATE /	ADDRESS / PO BOX; APT	r / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	824 Bolivia Street				Receipt #	Amount
Change of Address	El Paso, TX 79903				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME		Carlos M.				
	NICKNAME	LAST		SUFFIX		
		Rivera				
6 CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE);	APT	/ SUITE #; CITY	; STA	ATE; ZIP CODE
TREASURER ADDRESS	919 E. University Avenue					
(Residence or Business)	El Paso, TX 79902					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (915) 549-5444	NE NUMBER E	EXTENSION			
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after car appointment (office	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XP	rimary	Runoff	Other	
	03/05/2024	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	l .		12 OFFICE SOUGHT	Γ (if known)	
	State Representative Dis	trict 77 El Paso		State Represen	tative Place El Pa	so District 77
				•		
		GO Т	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 33

13 C / OH NAME	Chavez, Norma P. (N	1s.)		14 Filer ID 00032066	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures n	accepted or political expenditu hay have been made without t uired to report this information	he candidate's or offi	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDR	ESS			
	SPECIFIC					
		COMMITTEE CAMP	AIGN TREASURER NAME			
		COMMITTEE CAMP	AIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	IZED DOLUTICAL CON	NTRIBUTIONS (OTHER THAI	NI DI EDCES I OANS	. 1	
TOTALS	OR GUARANTE	ES OF LOANS, OR C	ONTRIBUTIONS MADE ELEC		\$	0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						34,430.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXF	PENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES			\$	13,303.63
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE LA	AST DAY OF THE	\$	8,639.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		tro	swear, or affirm, under penalty ue and correct and includes al nder Title 15, Election Code.			
		_		Norma P. Chavez	-14	
			Signature or	Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		day
of	, 20, to ce	ertify which, witness m	y hand and seal of office.			
Signature of office	cer administering	Printed name of	officer administering	Title of offic	er administer	ing oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					4 of 33
	ER NAM	ME :	19 Filer ID 00032066	(Ethi	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	29,930.00
2.	Х	\$	4,500.00		
3.		\$			
4.		\$			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	12,303.63	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	NS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,000.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12.		\$			

	MONET	ARY POLITICAL CO	S	SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 1/16 Rpt: 5/33	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission 00032066	n Filers)
4	Date 12/18/2023	5 Full name of contributor	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Austin, TX 78728					
8	Principal occu Retired/Vete	pation / Job title (See Instructions) ran	9	Employer (See Instructions Retired	5)		
	Date 11/01/2023	Full name of contributor Acosta Jr., Fermin Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	El Paso, TX 79936 pation / Job title (See Instructions)		Employer (See Instructions	<u>:)</u>		
	Retired Cred			Retired/Consulting	"		
	Date 12/08/2023	Full name of contributor Adriana, Rodriguez Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	•	Amount of Contribution (\$)	\$10.00
		El Paso, TX 79905					
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions North American Realty	5)		
	Date 11/01/2023	Full name of contributor Aguilar, Carlos (The Honoral Contributor address; City; State El Paso, TX 79930)		Amount of Contribution (\$)	\$300.00
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 12/08/2023	Full name of contributor Aguilar, Carlos (The Honoral Contributor address; City; State El Paso, TX 79930)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
			'				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/16 Rpt: 6/33	
2	FILER NAME Chavez, Nor				3	Filer ID (Ethics Commission 00032066	n Filers)
4	Date 12/13/2023	Full name of contributor	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	El Paso, TX 79903 upation / Job title (See Instructions	20 10	9 Employer (See Instructions	s)		
	Care Coordin	nator)	Child Guidance Center	³)		
	Date 12/13/2023	Full name of contributor Aguilar, Laura Contributor address; City; St)		Amount of Contribution (\$)	\$25.00
	Principal occu	El Paso, TX 79903 upation / Job title (See Instructions	;)	Employer (See Instructions	 s)		
	Property Manager NAR						
	Date Full name of contributor out-of-state PAC (ID#:) 11/01/2023 Austin, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
		El Paso, TX 79912					
	Principal occu Testing Clerk	pation / Job title (See Instructions))	Employer (See Instructions El Paso Community Col	•	e	
	Date 11/01/2023	Full name of contributor Baca, Sergio Contributor address; City; St)	•	Amount of Contribution (\$)	\$200.00
	Principal occu Bug Termina	upation / Job title (See Instructions ator)	Employer (See Instructions Bug Buster	5)		
	Date 11/30/2023	Full name of contributor Banuelos, Barbara Contributor address; City; St. El Paso, TX 79925	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Cashier	pation / Job title (See Instructions)	Employer (See Instructions Mission Chevrolet	5)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 3/16 Rpt: 7/33	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission 00032066	on Filers)
4	Date 12/25/2023	 Full name of contributor out-out-out-out-out-out-out-out-out-out-)	7	Amount of Contribution (\$)	\$50.00
		El Paso, TX 79912					
8	Principal occu Teacher	pation / Job title (See Instructions)	9	Employer (See Instructions SISD	5)		
	Date 12/29/2023	Full name of contributor out-o Bryan, JP & Mary Jon Contributor address; City; State; Zip 0	f-state PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Houston, TX 77010 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	•	lier/Bryan Museum		Semi-Retired/Preservati		st/Philanthropist	
	Date 12/19/2023	Full name of contributor out-o CLEAT PAC Contributor address; City; State; Zip 0	f-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/30/2023	Full name of contributor out-o Cairo, Eduardo (Mr.) Contributor address; City; State; Zip 0 Monrovia, CA 79106	f-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Pasadena City College	5)		
	Date 11/01/2023	Full name of contributor out-on Camacho Onik, Cynthia Contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City;	f-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Real Estate	pation / Job title (See Instructions) Broker		Employer (See Instructions Self	s)		
			I				

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 4/16 Rpt: 8/33	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission 00032066	n Filers)
4	Date 12/31/2023	 Full name of contributor out-of-star out-o)	7	Amount of Contribution (\$)	\$20.00
8	Principal occur	El Paso, TX 79936 pation / Job title (See Instructions)	lo.	Employer (See Instructions	·/-		
0	Not Employe		ľ	Not Employed	>)		
	Date 11/01/2023	Full name of contributor out-of-star Chavarria, Yolanda (The Honorable) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
		El Paso, TX 79912					
	Principal occup retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
	Date 12/26/2023	Full name of contributor out-of-star Chavez, David Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Horizon City, TX 79928					
	Principal occup Veteran Navi	pation / Job title (See Instructions) igator		Employer (See Instructions Amistad	5)		
	Date 12/29/2023	Chavez, Norman (Mr.))		Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>l</u> s)		
	Date 12/27/2023	Full name of contributor out-of-star Cuellar, Henry (The Honorable) Contributor address; City; State; Zip Code Laredo, TX 78041	te PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Self/US Congress	5)		
	, acomey/eur	g. ccoman		Compress Congress			

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 5/16 Rpt: 9/33	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission 00032066	on Filers)
4	Date 11/11/2023	 Full name of contributor out-of-state PAC (ID#:_De Jong Davis, Alicia Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_		El Paso, TX 79902	١_				
8	Principal occu Professional	pation / Job title (See Instructions) Volunteer	9	Employer (See Instructions Professional Volunteer	5)		
	Date 12/28/2023	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Anesthesiolo	pgy		Self Employed			
	Date 12/02/2023	Full name of contributor out-of-state PAC (ID#:_ El Paso Municipal Police Officers PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
		El Paso, TX 79901					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/04/2023	Full name of contributor out-of-state PAC (ID#:_ El Paso Sheriff's Officers Assoc Contributor address; City; State; Zip Code El Paso, TX 79901)	•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#:_Elizabeth Urbina, Barron Contributor address; City; State; Zip Code El Paso, TX 79907				Amount of Contribution (\$)	\$40.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUT	NS .	SCHEDULE A			
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 6/16 Rpt: 10/33	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commissio 00032066	n Filers)
4	Date 12/28/2023	 Full name of contributor out-of-state PAC (ID Engels, Jan (The Honorable) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occur	El Paso, TX 79903 pation / Job title (See Instructions)	١٩	Employer (See Instructions	<u>:)</u>		
Ü	Self Employe			BBMSS	"		
	Date 12/07/2023	Full name of contributor out-of-state PAC (IDESparza, Sonia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Delicalization	El Paso, TX 79930		Formula van (O. a. la atmostica va	<u></u>		
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID Fierro, Enriqueta "Queta" (The Honorable) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$100.00
		El Paso, TX 79925					
	Principal occu Administrativ	pation / Job title (See Instructions) re Assistant		Employer (See Instructions Retired	s)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID Galicia, Homero Contributor address; City; State; Zip Code El Paso, TX 79902)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired/Cons	pation / Job title (See Instructions) sultant		Employer (See Instructions Self	5)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID Gilbert, Wayne (Brig. Gen.) Contributor address; City; State; Zip Code El Paso, TX 79925	#:		•	Amount of Contribution (\$)	\$150.00
	Principal occu CWO Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE A			
	The Instruc	ction Guide explains how to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 7/16 Rpt: 11/33	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission 00032066	on Filers)
4	Date 12/27/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
_	Deireitade	El Paso, TX 79912	<u> </u>	Foundation (October to the other time)			
8	Principal occu Professor	pation / Job title (See Instructions)	9	Employer (See Instructions UTEP			
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#:_ Hernandez, Elvia (The Honorable) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Retired			Retired			
	Date 11/01/2023	Full name of contributor)		Amount of Contribution (\$)	\$100.00
		El Paso, TX 79902					
	Principal occu Immigration	pation / Job title (See Instructions) Attorney		Employer (See Instructions Self	s)		
	Date 11/02/2023	Full name of contributor out-of-state PAC (ID#:_ Jobe, Stanley Contributor address; City; State; Zip Code El Paso , TX 79928)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Jobe Materials	5)		
	Date 12/02/2023	Full name of contributor out-of-state PAC (ID#:_Krampen, Debi Contributor address; City; State; Zip Code Pasadena, TX 77505)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired Teacher	5)		

	MONEI	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 8/16 Rpt: 12/33		
2	FILER NAME Chavez, Nor	ma P. (Ms.)		3 Filer ID (Ethics Commission Filers) 00032066		
4	Date 12/12/2023	 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$) \$500.00		
8	Principal occu Automotive	El Paso, TX 79904 pation / Job title (See Instructions) 9	Employer (See Instructions Sergio Lewis	s)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#: Limon, Jose (Mr.) Contributor address; City; State; Zip Code El Paso, TX 79925		Amount of Contribution (\$) \$50.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	<u>I</u> s)		
	Date 11/11/2023	Full name of contributor out-of-state PAC (ID#: Limon, Lily (The Honorable) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$5.00		
	Principal occu	El Paso, TX 79925 pation / Job title (See Instructions) sultant	Employer (See Instructions Sun Circle	<u> </u> s)		
	Date 11/07/2023	Full name of contributor out-of-state PAC (ID#: Lizarraga, Cissy (The Honorable) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,500.00		
	Principal occu Former City	El Paso, TX 79902 pation / Job title (See Instructions) Rep EPTX	Employer (See Instructions Retired Teacher/Elected			
	Date 12/28/2023	Full name of contributor out-of-state PAC (ID#: Macias, Francisco Contributor address; City; State; Zip Code El Paso, TX 79902		Amount of Contribution (\$) \$1,000.00		
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIB		SCHEDUL	E A1		
	The Instruc	ction Guide explains how to complete	e this forr	m.	1	Total pages Schedule A1: Sch: 9/16 Rpt: 13/33	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commissio 00032066	n Filers)
4	Date 12/27/2023	 Full name of contributor	-)	7	Amount of Contribution (\$)	\$50.00
_	Dringing Loon	Dallas, TX 75206	lo.	Employer (Coo Instructions	<u></u>		
8	Fundraiser	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)			
	Date 11/01/2023	Full name of contributor)		Amount of Contribution (\$)	\$50.00	
	Principal occu	El Paso, TX 79935 pation / Job title (See Instructions)	Employer (See Instructions	<u>;)</u>			
	Teacher	padotri oob tale (eee metadalens)		Retired	-,		
	Date 11/01/2023	Full name of contributor out-of-state F Martinez, Richard O. Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		El Paso, TX 79936					
	Principal occu Retired White	pation / Job title (See Instructions) e Sands		Employer (See Instructions Self/Consulting	5)		
	Date 12/24/2023	Full name of contributor out-of-state F Mata, Margie Contributor address; City; State; Zip Code El Paso, TX 79938	-)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired USPS	5)		
	Date 11/04/2023	Full name of contributor out-of-state F McNamara , Mavis Contributor address; City; State; Zip Code El Paso, TX 79912	PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			•				

	MONET	ARY POLITICAL CO	S		E A1		
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 10/16 Rpt: 14/33	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission 00032066	n Filers)
4	Date 12/21/2023	Mendez, Lisa	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	El Paso, TX 79938 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Project Mana	ager	El Paso ISD				
	Date 12/14/2023	Full name of contributor)		Amount of Contribution (\$)	\$50.00	
		Lake Oswego, OR 97034					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe	·d		Not Employed			
	Date 11/24/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$50.00
		El Paso, TX 79936					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 11/13/2023	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions University/San Antonio)		
	Date 12/30/2023	Full name of contributor Contributor Contributor address; City; State; 2	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Self)		
			,				

	MONET	ARY POLITICAL C	NS 		SCHEDUL	E A1	
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 11/16 Rpt: 15/33	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission 00032066	n Filers)
4	Date 11/01/2023	5 Full name of contributor Ochoa, Irma6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$100.00
		El Paso, TX 79925					
8	Principal occu Homemaker	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	s) 		
	Date 12/30/2023	Full name of contributor Olague, Anibal Contributor address; City; Sta		Amount of Contribution (\$)	\$100.00		
	Principal occu	El Paso, TX 79932 pation / Job title (See Instructions)	Employer (See Instructions	<u>=,</u>			
	Realtor	pation / 300 title (See instructions)		Cap Rate Real Estate	>)		
	Date 12/30/2023	Full name of contributor Orozco, Alex Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Chicago, IL 60614					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Alex Orozco	s)		
	Date 11/01/2023	Full name of contributor Park, Sung Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Small Busine	pation / Job title (See Instructions) esswoman		Employer (See Instructions Self	5)		
	Date 12/30/2023	Full name of contributor Pastrana, Arturo Contributor address; City; Sta El Paso, TX 79912			Amount of Contribution (\$)	\$50.00	
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)			
			L				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 12/16 Rpt: 16/33	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission Filers) 00032066	
4	Date 11/01/2023	 Full name of contributor)	7	Amount of Contribution (\$) \$50.00	,
_		El Paso, TX 79938	-				_
8	Principal occu Instructor	pation / Job title (See Instructions)	9	Employer (See Instructions El Paso Community Col		е	
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID# Perez, Dr. Ann L. (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$100.00)	
	Principal occu	El Paso, TX 79927 pation / Job title (See Instructions)	_	Employer (See Instructions	:, 		_
	Education A			Retired	"		
	Date 11/09/2023	Full name of contributor out-of-state PAC (ID# Pickett, Joeseph C (The Honorable) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$) \$1,000.00)
		El Paso, TX 79936	_				_
	Retired State	pation / Job title (See Instructions) e of Texas		Employer (See Instructions Retired/Self	5)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID# Pierre, Fainot Contributor address; City; State; Zip Code El Paso, TX 79904)		Amount of Contribution (\$) \$25.00)
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID# Rachael, Harracksingh Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$500.00	-
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Life Ambulance Service			_
							_

	MONEI	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 13/16 Rpt: 17/33	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission 00032066	n Filers)
4	Date 11/29/2023	 Full name of contributor out-of-state PAC (ID#: Reyes, Martha (The Honorable) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$250.00
8	Principal occu Consultant	El Paso, TX 79907 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 12/30/2023	Full name of contributor out-of-state PAC (ID#:_ Reyes, Silvestre (The Honorable) Contributor address; City; State; Zip Code El Paso, TX 79922			Amount of Contribution (\$)	\$250.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	<u> </u> 5)			
	Date 12/06/2023	Full name of contributor out-of-state PAC (ID#:_ Reyes Cintron, Veronica (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	5	El Paso, TX 79932	_		<u></u>		
	Self Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Reyes Solutions & Cons		ing	
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#:_Robles, Belen (The Honorable) Contributor address; City; State; Zip Code El Paso, TX 79930				Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 11/25/2023	Full name of contributor out-of-state PAC (ID#:_Rosas, Alice (The Honorable) Contributor address; City; State; Zip Code El Paso, TX 79936			Amount of Contribution (\$)	\$100.00	
	Principal occu Court Coordi	pation / Job title (See Instructions) inator		Employer (See Instructions County of EPTX	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1					
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 14/16 Rpt: 18/33		
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission 00032066	n Filers)	
4	Date 11/04/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00	
8	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions)	a	Employer (See Instructions	;) 			
٠	retired	oduon 7 oob tille (oce mandellons)	"					
	Date 12/31/2023	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00		
	Principal occu	Houston, TX 77073 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	Self Employe	ed		Martinez Grants				
	Date 12/06/2023	Full name of contributor out-of-state PAC (ID#:_ Satter, Reid Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00	
		Cave Creek, AZ 85331						
	Principal occu Quality Cont	pation / Job title (See Instructions) rol	Employer (See Instructions) American Airlines					
	Date 12/07/2023	Full name of contributor out-of-state PAC (ID#:_Schwartz, Stuart (Mr.) Contributor address; City; State; Zip Code El Paso, TX 79912)	•	Amount of Contribution (\$)	\$500.00	
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions ScottHulse PC	5)			
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:_ Serrano, Blanca Contributor address; City; State; Zip Code El Paso, TX 79936			•	Amount of Contribution (\$)	\$150.00	
	Principal occu Transportation	pation / Job title (See Instructions) on Planner	Employer (See Instructions WSP, USA	5)				

	MONET	ARY POLITICAL CONTRIE	S		SCHEDUI	LE A1	
	The Instruc	ction Guide explains how to comple	te this forr	n.	1	Total pages Schedule A1: Sch: 15/16 Rpt: 19/33	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission 00032066	on Filers)
4	Date 12/30/2023	 Full name of contributor out-of-state Slagle, Susan Contributor address; City; State; Zip Code 	PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Sherman, TX 75092 pation / Job title (See Instructions)	- Ig	Employer (See Instructions	.)		
	Not Employe			Not Employed	,		
	Date 11/01/2023	Full name of contributor out-of-state Teran, Maria Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
		El Paso, TX 79922					
	•	pation / Job title (See Instructions) ess Consulting		Employer (See Instructions Self	5)		
	Date 12/28/2023	Full name of contributor out-of-state Valenzuela, Guillermo (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
	Principal occu	El Paso, TX 79911 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Chief Corpor	ate Officer		Aliviane			
	Date 12/23/2023	Van Hoove, Marcella	PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 12/30/2023	Full name of contributor out-of-state Viramontes, Cesar Contributor address; City; State; Zip Code El Paso, TX 79901)		Amount of Contribution (\$)	\$1,000.00	
		pation / Job title (See Instructions) n/Investments)				
			'				

	MONET	ARY POLITICAL CONTRIBUTION			E A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Sch: 16/16	Schedule A1: Rpt: 20/33	
2	FILER NAME Chavez, Nor			3	Filer ID (E	thics Commission	n Filers)
4	Date 12/27/2023	 Full name of contributor out-of-state PAC (ID#: White, Linda Contributor address; City; State; Zip Code 		7	Amount of C	Contribution (\$)	\$150.00
8	Principal occu Not Employe	Austin, TX 78751 pation / Job title (See Instructions)	9 Employer (S Not Employ	ee Instructions)			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 21/33 3 Filer ID (Ethics Commission Filers) FILER NAME Chavez, Norma P. (Ms.) 00032066 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 12/01/2023 Eddie, Holquin Jr. (The Honorable) \$3,000.00 Consulting Services 7 Contributor address; City; State; Zip Code El Paso, TX 79902 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) Consultant Self 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 12/01/2023 Limon, Lily (The Honorable) \$1,500.00 Consulting services Contributor address; City; State; Zip Code El Paso, TX 79925 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Political Consultant Sun Circle 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)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 1/11 Rpt: 22/33	Chavez, Norma P. (Ms.) 00032066
4	Date	5 Payee name
	11/04/2023	Airport Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,285.95	7 Leigh Fisher
		El Paso, TX 79906
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Invites, printing, postage, mail-out services
		invites, printing, postage, mair-out services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	12/29/2023	Borrego Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	1115 Larry Mahan
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Printing/mailing service New Year Mailer
	2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date 12/02/2023	Payee name
		Campaign Verify
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	8605 Westwood Center
		No MA 00400
		Vienna, VA 22182
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Text message service (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Text message service Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Text message service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
_		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment		The Instruction Guide explains how to	compl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/11 Rpt: 23/33		Chavez, Norma P. (Ms.)		00032066
4	Date	5	Payee name		<u>'</u>
	12/14/2023		Chapala Taqueria		
6	Amount (\$)	7	Payee address; City; State; Zip	Code	
	\$41.91		2101 E. Cesar Chavez		
			Austin, TX 78702		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	``	Food/Beverage Expense	'	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Lunch x 2
_				<u> </u>	
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office s	ought	Office held
		_			
	Date		Payee name		
	12/16/2023		Chevron		
	Amount (\$)		Payee address; City; State; Zip	Code	
	\$25.58		2415 N. Main		
			Junction, TX 76849		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Transportation Equipment & Related		Check if travel outside of Texas. Complete Schedule T.
			Expense		Check if Austin, TX, officeholder living expense Returning to El Paso/gas
					retaining to 211 accordan
	Complete ONLY if direct		Candidate/Officeholder name Office s	<u> </u>	Office held
	expenditure to benefit C/O			g	
	Date	Т	Payee name		
	12/20/2023		Dollar Rental		
	Amount (\$)	\vdash	Payee address; City; State; Zip (- Odo	
	\$287.75		5601 NW Expressway	Jouc	
	Ψ201.110		OOOT WW Expressivay		
			El Paso, TX 79925		
	DUDD005	ļ.,		100	<u>. </u>
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Transportation Equipment & Related Expense		Check if Austin, TX, officeholder living expense
			•		Rental car for Austin
	Complete ONLY if direct		Candidate/Officeholder name Office s	ought	Office held
	expenditure to benefit C/O	Н			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Gift/Awards/Memorials Legal Services The Instruction G	·		/ages	/Contract Labor		Travel Out o OTHER (ent		ct tegory not listed above)
1	Total pages Schedule F1:	2	EII ED NIAME		- 1	.,			3	Filer ID		Ethics Commission Filers)
										0003206		Lancs Commission Fileis)
L	Sch: 3/11 Rpt: 24/33		CHAVEZ, INC	orma P. (Ms.)						0003200		
4	Date	5	Payee name									
	12/08/2023		EPMP									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$676.56		1144 Vista	De Oro Ste A								
			El Paso, TX	79935								
_						1	<i>a</i> >					
8	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	nedule)	(b)	Description	otoi	de of Toyon (Samula	to Cohodulo T
	EXPENDITURE	l	Printing Exp	oense				Check if travel of Check if Austin,				
								Door Hangers		, omeoneider i	viilg o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
									-			
9	Complete ONLY if direct	Ц,		ceholder name		Office sou	abt			Office	hala	· · · · · · · · · · · · · · · · · · ·
9	expenditure to benefit C/OI		Januluale/OIII	conduct name	,	onice soul	grit			Onice	, HEIL	•
_		_										
	Date		Payee name									
	11/17/2023		East Side D	emocrats/Marti	tas							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$20.00		3624 Buckr	ner								
			El Paso, TX	79925								
_	PURPOSE	(0)					(b)	<u> </u>				
	OF	(a)		ee Categories listed at	the top of this sch	nedule)	(D)	Description Check if travel of	nutsi	de of Texas (omnle	ete Schedule T
	EXPENDITURE	l	Fees					Check if Austin,				
								East Side De	mo	crats Due	es	
H	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office	e held	<u> </u>
	expenditure to benefit C/OI				·		J. /•			200		
\vdash	Data	<u> </u>										
	Date		Payee name	moonatic Day								
	11/28/2023	L	∟ı Paso De	mocratic Party								
	Amount (\$)		Payee addre	•	State	; Zip Co	de					
	\$40.00		1401 Monta	ana								
			El Paso, TX	79902								
	PURPOSE	(a)	Category /s	ee Categories listed at	the top of this set	nedule)	(b)	Description				
	OF	Ĭ.,	Advertising		100 01 1110 301			Check if travel	outsi	de of Texas. 0	Comple	ete Schedule T.
	EXPENDITURE		9	r				Check if Austin,				
								EPTX Thanks	sgiv	ving Para	de e	vent and sponsorship
	Complete ONLY if direct		Candidate/Off	ceholder name	(Office sou	ght			Office	held	I
	expenditure to benefit C/OI	Н										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T-t-1	· · · · · · · · · · · · · · · · · · ·	_
	Total pages Schedule F1: Sch: 4/11 Rpt: 25/33	2 FILER NAME Chavez, Norma P. (Ms.) 3 Filer ID (Ethics Commission Filers) 00032066	
4	Date	5 Payee name	
	11/28/2023	El Paso Democratic Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$750.00	1401 Montana Suite E	
		El Paso, TX 79902	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Filing Fee for House District 77	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	Dete		_
	Date	Payee name	
	12/14/2023	HEB	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.89	2512 E Riverside	
		Austin, TX 78748	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense Gas	
		Just	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	=
	12/31/2023	Home Depot	
\vdash	Amount (\$)		_
	\$26.50	Payee address; City; State; Zip Code 11360 Rojas	
	φ20.50	11000 Nojas	
		El Paso, TX 79936	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Sign supplies Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Sign supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Zip ties and sign supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/11 Rpt: 26/33	Chavez, Norma P. (Ms.) 00032066
4	Date	5 Payee name
	12/22/2023	Jose J Velez
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	311 Montana Ave A2-19
		El Paso, TX 79902
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Photos/graphics marketing #1012
		Thotos/graphics marketing #1012
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dougo nama
	12/16/2023	Payee name
		Magnolia Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.41	1920 S. Congress
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch expense
		Lunion expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies same
	11/07/2023	Payee name Mena, Alan
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	12557 Twin Leaf
		El Paso, TX 79928
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Photography announcement
		Filotography announcement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 6/11 Rpt: 27/33	2 FILER NAME Chavez, Norma P. (Ms.)	3 Filer ID (Ethics Commission Filers) 00032066
4	<u> </u>	5 Payee name Mountain Star FCU	
6	Amount (\$) \$32.96	7 Payee address; City; State; Zip Code 2229 Yandell El Paso, TX 79903	
8	PURPOSE OF EXPENDITURE	T Office Overrieda/Nertial Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date 12/04/2023	Payee name Norma, Chavez	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 824 Bolivia	
		El Paso, TX 79903	
	PURPOSE OF EXPENDITURE	Check if A Reimburs	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense e Campaign Kick-off Announcement Event on 11/1/23 at
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 12/17/2023	Payee name P Terry's	
	Amount (\$) \$16.18	Payee address; City; State; Zip Code 12680 W. US290	
		Austin, TX 78737	
	PURPOSE OF EXPENDITURE	Check if A	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense ck to El Paso
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.			
1	Total pages Schedule F1: Sch: 7/11 Rpt: 28/33	2 FILER NAME Chavez, Norma P. (Ms.)		3	Filer ID 00032066	(Ethics Commission Filers)
4	Date 11/01/2023	5 Payee name Party City				
6	Amount (\$) \$105.51	7 Payee address; City; State; Zip Code 8889 Gateway				
8	PURPOSE OF EXPENDITURE	El Paso, TX 79925 (a) Category (See Categories listed at the top of this schedule) Event Expense (b)	Check if Aust	in, TX ble (ide of Texas. Com , officeholder living cloths, decor event.	g expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought			Office he	eld
	Date 12/13/2023	Payee name Phillips 66				
	Amount (\$) \$30.00	Payee address; City; State; Zip Code 2350 N. Main				
	PURPOSE OF EXPENDITURE	Junction , TX 76849 (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	ш		ide of Texas. Com	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought			Office he	eld
	Date 12/21/2023	Payee name Piedmont Plastics				
	Amount (\$) \$67.66	Payee address; City; State; Zip Code 5010 West WT Harris BI				
		North Carolina, TX 28269				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) H frames for signs		in, TX	ide of Texas. Com , officeholder living s for signs	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld

SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/Be
Contributions/ Donations Made By Gift/Awa
Candidate/Officeholder/Political Committee Legal S

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 8/11 Rpt: 29/33	Chavez, Norma P. (Ms.) 00032066	
4	Date	5 Payee name	
	12/21/2023	Piedmont Plastics	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$67.66	5010 West WT Harris BI	
		North Carolina, TX 28269	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	H Frame for signs Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense H Frame for signs	
		Ti France for Signs	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
⊨	Data		=
	Date	Payee name	
L	12/24/2023	Plaza Hotel	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.00	105 W. Mills	
		El Paso, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Parking fee	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
⊨	Date		=
	Date	Payee name	
	12/12/2023	Priceline	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$65.00	800 Connecticut	
		Norwalk, CT 06854	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Cancellation/Travel Insurance	
1		Cancellation/ Havei Insulative	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	y	
\vdash			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Salaries/	Wage	s/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)
_	Total manage Coloradula 54	<u> </u>		,	bi			Files ID	(Ethios Commission Eiler)
1	, ,	2				3		Filer ID	(Ethics Commission Filers)
	Sch: 9/11 Rpt: 30/33	L	Chavez, Norma P. (Ms.)					00032066	
4	Date	5	Payee name						
	12/03/2023		Print L						
6	Amount (\$)	7	Payee address; City;	State; Zip Co	ode				
	\$1,593.76		6706 Lohman Ford Rd						
	·								
			Lago Vista, TX 78645						
8	DUDDOCE	(2)			/h\	. Description			
ð	PURPOSE OF	(a)	Category (See Categories listed at the top	of this schedule)	(D)	Description Check if travel out	ıtcid	o of Toyon Com	ploto Sabadulo T
	EXPENDITURE		print debit			Check if Austin, 7			
						Print signs	,		
						3 -			
9	Complete ONLY if direct	<u> </u>	candidate/Officeholder name	Office sou	laht			Office he	hld
ľ	expenditure to benefit C/O		and date of the enough that he	Office 300	agrit			Office fic	, id
\vdash	Data								
	Date		Payee name						
	11/05/2023	L	Texas Democratic Party						
	Amount (\$)		Payee address; City;	State; Zip Co	ode				
	\$650.00		314 E. Highland						
			Austin , TX 78752						
	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		Texas VAN	•		Check if travel ou	utsid	e of Texas. Comp	plete Schedule T.
	EXPENDITORE					Check if Austin, 1	TX, o	officeholder living	expense
						Texas VAN			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office he	eld
	expenditure to benefit C/O	П							
	Date		Payee name						
	11/16/2023		Texas Democratic Party						
	Amount (\$)		Payee address; City;	State; Zip Co	ode				
	\$650.00		314 E. Highland						
			Austin , TX 78752						
	PURPOSE	(a)		of this pate at 1.3	(h)	Description			
	OF	(۳)	Category (See Categories listed at the top Texas VAN	ot this schedule)	(")	Check if travel ou	utsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE		ICAUS VAIN			Check if Austin, 1			
						Texas VAN			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office he	eld
	expenditure to benefit C/OI	Н							

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/11 Rpt: 31/33	Chavez, Norma P. (Ms.)		00032066
4	Date	5 Payee name		·
	11/24/2023	US Postmaster		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$52.80	8401 Boeing		
		El Paso, TX 79910		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	postage		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				postage
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	12/01/2023	Veterans at Brekfast		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$50.00	4417 Loma Casitas		
		El Paso, TX 79934		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
	ZAI ZAISTONZ			Check if Austin, TX, officeholder living expense Veterans Breakfast Group Donation #1006
				veterans breaklast Group Donation #1000
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/OI	<u> </u>	,	
	Date	Payee name		
	11/13/2023	W. A. Gamino		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$200.00	21-12 Ditmars Blvd 2		
		Astoria, NY 11105		
	PURPOSE		(b)	Description
	OF EXPENDITURE	Consulting Expense	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	- '		Check if Austin, TX, officeholder living expense
				Logo graphic design consultation
	Complete ONLY if alias -t	Condidate/Officeholder name	4b4	Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ınt	Office held
	•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Food/Beverage E Gift/Awards/Memo Legal Services The Instructio	xpense orials Expense n Guide explains	Polling Expo Printing Exp Salaries/Wa S how to con	ense .ges/Contr			Travel in District Travel Out of Dis OTHER (enter a	trict category not listed al	oove)
1	Total pages Schedule F1:	2						;		Filer ID	(Ethics Commiss	sion Filers)
L	Sch: 11/11 Rpt: 32/33		Chavez, N	orma P. (Ms.)						00032066		
4	Date	5	Payee name									
	12/21/2023		Zapa, Gra	ohics								
6	Amount (\$)	7	Payee addr			e; Zip Cod	е					
	\$151.55		3410 Wick	ham Ave Suit	e 100							
			El Paso, T	X 79904								
8	PURPOSE	(a)	Category (See Catenories liste	d at the top of this sc	hedule)	b) Des	cription				
	OF EXPENDITURE	<u> </u>	Printing Ex		a at the top of this se	ineduic)			utsio	de of Texas. Comp	olete Schedule T.	
	EXPENDITORE									officeholder living	expense	
							12X	24 car ma	.gne	ets		
9	Complete ONLY if disent	<u> </u>	Condidate (Of	fice he delega se ese		Office cours	la 4			Office he	lal .	
ľ	Complete ONLY if direct expenditure to benefit C/OI		Januluale/Oi	ficeholder nam	е	Office soug	ΠL			Office fie	iu	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 33/33 Chavez, Norma P. (Ms.) 00032066 Date Payee name 11/01/2023 Chavez, Norma 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 6056 Trowbridge Reimbursement from political contributions intended Х El Paso, TX 79905 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Campaign Kick-off/Announcement Mesa Grill Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH