

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) 00088182	2 Total pages filed: 18		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Danyahel M.	MI	OFFICE USE ONLY	
	NICKNAME	LAST Norris	SUFFIX		Date Received ELECTRONICALLY FILED 02/06/2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 11011 Dahlia Vale Walk		ZIP CODE	Date Hand-delivered or Date Postmarked	
	Houston, TX 77044			Receipt #	
				Amount	
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Solomon	MI		
	NICKNAME	LAST Mengisteab	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 12103 Chisel Ridge		APT / SUITE #;	CITY;	
	Pearland, TX 77584			STATE; ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(832)	496-9407			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month	Day	Year	Month	
	01/01/2024			01/25/2024	
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	03/05/2024			<input type="checkbox"/> General	<input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)	
				State Representative District 142	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Norris, Danyahel M. (Mr.) **14** Filer ID (Ethics Commission Filers)
00088182

15 NOTICE FROM POLITICAL COMMITTEE(S)
 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

16 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)	\$	4,462.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	6,552.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	10,633.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

Mr. Danyahel M. Norris

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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18 FILER NAME Norris, Danyahel M. (Mr.)		19 Filer ID (Ethics Commission Filers) 00088182
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,462.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,552.11
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES 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: Sch: 1/6 Rpt: 4/18
2 FILER NAME Norris, Danyahel M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088182
4 Date 01/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becnel, Anza <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77003	7 Amount of Contribution (\$) \$1,580.00
8 Principal occupation / Job title (See Instructions) Founder/Director		9 Employer (See Instructions) Growing Real Alternatives Everywhere
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapin, J. Alison <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark-Davis, Shante <hr/> Contributor address; City; State; Zip Code Fresno, TX 77545	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) HISD
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Eva <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Ross Banks
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gant, DeBorah <hr/> Contributor address; City; State; Zip Code Flossmoor, IL 60422	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Waddell & Reed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/18
2 FILER NAME Norris, Danyahel M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088182
4 Date 01/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) German, Jevon <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77020	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Tejas Tubular Products
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) German, Lillian <hr/> Contributor address; City; State; Zip Code Houston, TX 77078	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Blue Cross and Blue Shield		Employer (See Instructions) Director of Federal Affairs
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Billy <hr/> Contributor address; City; State; Zip Code Winterville, NC 28590	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herod, Brian <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77020	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) UTHealth Houston
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeady, Wil <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Next Level Urgent Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/18
2 FILER NAME Norris, Danyahel M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088182
4 Date 01/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Alicia B <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Population Health Lead		9 Employer (See Instructions) Humana
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolter, Mara <hr/> Contributor address; City; State; Zip Code ARLINGTON, TX 76016-2648	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP, Business Development		Employer (See Instructions) Convention Data Services LLC
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kravetz, Ruth <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kravetz, Ruth <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Ex dir.		Employer (See Instructions) Community Voices for Public Ed
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattazzi, Kareem <hr/> Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) UT

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/18
2 FILER NAME Norris, Danyahel M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088182
4 Date 01/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mays, Coy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Server		9 Employer (See Instructions) AREAS
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, John <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77014	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Management Analyst		Employer (See Instructions) City of Houston
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Mary <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Benefits Manager		Employer (See Instructions) MHIA
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEWHOUSE, David <hr/> Contributor address; City; State; Zip Code Houston, TX 77230	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Ceo		Employer (See Instructions) Nsi
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nath, Audrey <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Neurologist		Employer (See Instructions) NMA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/18
2 FILER NAME Norris, Danyahel M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088182
4 Date 01/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reif, Renee <hr/> 6 Contributor address; City; State; Zip Code Fountain, CO 80817	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivlin, Sarah <hr/> Contributor address; City; State; Zip Code Houston, TX 77017	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Houston ISD
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Lisa <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Dwayne <hr/> Contributor address; City; State; Zip Code Houston, TX 77086	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Chambers Co.
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubblefield, Raymond <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/18
2 FILER NAME Norris, Danyahel M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088182
4 Date 01/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrell, Jackie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77044	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Managing Director		9 Employer (See Instructions) Harris County Attorney
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kimberly <hr/> Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Oil & Gas
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Denis <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) University of Texas at Austin
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarborough, Melissa <hr/> Contributor address; City; State; Zip Code houston, TX 77023	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Houston ISD
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) schechter, lillie <hr/> Contributor address; City; State; Zip Code houston, TX 77021	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 1/9 Rpt: 10/18	2	FILER NAME Norris, Danyahel M. (Mr.)	3	Filer ID (Ethics Commission Filers) 00088182	
4	Date 01/20/2024	5	Payee name Area 5 Democrats			
6	Amount (\$) \$50.00	7	Payee address; City; State; Zip Code TX			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/12/2024		Payee name Caldwell, Leonidas			
	Amount (\$) \$100.00		Payee address; City; State; Zip Code TX			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website updates			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/21/2024		Payee name Gethsemane Church			
	Amount (\$) \$25.00		Payee address; City; State; Zip Code TX			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES 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: Sch: 2/9 Rpt: 11/18	2 FILER NAME Norris, Danyahel M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088182
4 Date 01/02/2024	5 Payee name Greater Houston Frontier	
6 Amount (\$) \$125.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MLK Scholarship Event
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/15/2024	Payee name HEB	
Amount (\$) \$38.36	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for warming center
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/04/2024	Payee name Hall, Terrence	
Amount (\$) \$250.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES 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: Sch: 3/9 Rpt: 12/18	2 FILER NAME Norris, Danyahel M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088182
4 Date 01/10/2024	5 Payee name Hall, Terrence	
6 Amount (\$) \$380.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 20 T-Shirts and ticket to event
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/15/2024	Payee name Home Depot	
Amount (\$) \$24.52	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for warming shelter
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/08/2024	Payee name Humble Area Democrats	
Amount (\$) \$20.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fees
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES 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: Sch: 4/9 Rpt: 13/18	2 FILER NAME Norris, Danyahel M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088182
4 Date 01/21/2024	5 Payee name Jacobs, Wanda	
6 Amount (\$) \$1,300.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/08/2024	Payee name LOS CUCOS Restaurant	
Amount (\$) \$20.51	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal at HAD meeting
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/16/2024	Payee name LULAC Council 60	
Amount (\$) \$35.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES 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: Sch: 5/9 Rpt: 14/18	2 FILER NAME Norris, Danyahel M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088182
4 Date 01/12/2024	5 Payee name Leonidas Caldwell	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to scholarship
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/14/2024	Payee name Lyons United	
Amount (\$) \$20.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Church donation
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/21/2024	Payee name New Pleasant Hill Church	
Amount (\$) \$50.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES 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: Sch: 6/9 Rpt: 15/18	2	FILER NAME Norris, Danyahel M. (Mr.)	3	Filer ID (Ethics Commission Filers) 00088182
4	Date 01/14/2024	5	Payee name Office Max		
6	Amount (\$) \$17.74	7	Payee address; City; State; Zip Code TX		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for badges		
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/14/2024		Payee name Preston, James		
	Amount (\$) \$10.00		Payee address; City; State; Zip Code TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal at church		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/14/2024		Payee name Reddix, Lynette		
	Amount (\$) \$150.00		Payee address; City; State; Zip Code TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MLK Gala ticket		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 7/9 Rpt: 16/18	2 FILER NAME Norris, Danyahel M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088182
4 Date 01/07/2024	5 Payee name St. Luke Missionary	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Church Offering
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/13/2024	Payee name TGM Printing	
Amount (\$) \$460.06	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2,000 fliers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/24/2024	Payee name TGM Printing	
Amount (\$) \$1,759.06	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flyers, yard signs and posters
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 8/9 Rpt: 17/18	2 FILER NAME Norris, Danyahel M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088182
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4 Date 01/11/2024	5 Payee name Tejanos Democrats
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6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/09/2024	Payee name UKEGBU, Michelle
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Amount (\$) \$300.00	Payee address; City; State; Zip Code TX
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets for the Texas Black Rodeo heritage gala
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/15/2024	Payee name Young, Chris
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Amount (\$) \$209.78	Payee address; City; State; Zip Code TX
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Robodial
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 18/18	2 FILER NAME Norris, Danyahel M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088182
4 Date 01/22/2024	5 Payee name Young, Chris	
6 Amount (\$) \$1,107.08	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held