# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00088182		2 Total pages file 1	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	Mr.	Danyahel M.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	02/06/2024	
	NICKNAME	Norris		SUFFIX	02/00/2021	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	11011 Dahlia Vale Walk					Т
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77044				Date Processed	
🖰					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Solomon				
NAME	ivii.	3010111011				
	NIO(ALANAE					
	NICKNAME	LAST Mengisteab		SUFFIX		
		Mengisteau				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	T / SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	12103 Chisel Ridge					
(Residence or Business)						
	Pearland, TX 77584					
7 CAMPAICNI	ADEA CODE DUOS	IE NII IMBED - E	VTENCION			
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(832) 496-9407					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	nnaign treasurer
		<u> </u>	оловлон <u>П</u>		appointment (office	eholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	IROUGH	01/25/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pi	rimary	Runoff	Other	
	03/05/2024	I⊓G	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
III OFFICE	Of FICE FIELD (II arry)				ative District 142	
				State Represent	dive District 142	
		GO T	O PAGE 2			
I						

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 18

13 C / OH NAME	Norris, Danyahel M. (	Mr.)	<b>14</b> Filer ID ( 00088182	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou d officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDRESS		
	9. 2919			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 4,462.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 6,552.11
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 10,633.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT	-			
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to	
			Danyahel M. Norris	dor
		Signature	of Candidate or Officeholo	uei
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

			JVER OFFEE	3 of 18
18 FILER NAM Norris, Da	ME anyahel M. (Mr.)	<b>19</b> Filer ID 00088182	(Ethics Commiss	ion Filers)
l	E SUBTOTALS SCHEDULE		SUBTOTAL	AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,462.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	6,552.11
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/18
2	FILER NAME Norris, Dany	ahel M. (Mr.)			3 Filer ID (Ethics Commission Filers) 00088182
4	Date 01/18/2024	<ul> <li>5 Full name of contributor Becnel, Anza</li> <li>6 Contributor address; City; States</li> <li>Houston, TX 77003</li> </ul>	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$) \$1,580.00
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	<u> </u>
Ü	Founder/Dire		Ĭ	Growing Real Alternativ	
	Date 01/14/2024	Full name of contributor Chapin, J. Alison Contributor address; City; Sta	out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$50.00
_	Principal occu	nation / Job title (See Instructions)	)	Employer (See Instructions	;)
	Not Employe	ed		Not Employed	
	Date 01/20/2024	Full name of contributor Clark-Davis, Shante Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		Amount of Contribution (\$) \$100.00
	Deinsinal	Fresno, TX 77545		Faralas as (Caralas transitions	
	Teacher	pation / Job title (See Instructions)	'	Employer (See Instructions HISD	5)
	Date 01/25/2024	Full name of contributor Engelhart, Eva Contributor address; City; Sta Houston, TX 77056	out-of-state PAC (ID#:		Amount of Contribution (\$) \$100.00
	Principal occu attorney	pation / Job title (See Instructions)		Employer (See Instructions Ross Banks	<u>(</u>
	Date 01/01/2024	Full name of contributor Gant, DeBorah Contributor address; City; Sta	out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$100.00
	Principal occu Financial Ad	pation / Job title (See Instructions) visor		Employer (See Instructions Waddell & Reed	)
			<u>,                                      </u>		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/18	
2	FILER NAME Norris, Dany	ahel M. (Mr.)			3	Filer ID (Ethics Commission 00088182	n Filers)
4	Date 01/14/2024	<ul> <li>5 Full name of contributor out-of- German, Jevon</li> <li>6 Contributor address; City; State; Zip Contributor</li> </ul>			7	Amount of Contribution (\$)	\$100.00
_		Houston, TX 77020			_		
8	Accountant	pation / Job title (See Instructions)	9	Employer (See Instructions Tejas Tubular Products	<del></del>		
	Date 01/22/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occu	Pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		and Blue Shield		Director of Federal Affai			
	Date 01/08/2024	Full name of contributor out-of-Green, Billy  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$150.00
		Winterville, NC 28590					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 01/21/2024	Herod, Brian	state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions UTHealth Houston	s)		
	Date 01/13/2024	Jeudy, Wil	state PAC (ID#:	)		Amount of Contribution (\$)	\$40.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Next Level Urgent Care	5)		
	,		<u> </u>				

WONE	ARY POLITICAL C	ONTRIBUTIC	CNI		SCHEDUL	E <b>A1</b>
The Instru	ction Guide explains how t	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/18	
2 FILER NAME Norris, Dany	/ahel M. (Mr.)			3	Filer ID (Ethics Commission 00088182	n Filers)
4 Date 01/07/2024	5 Full name of contributor Johnston, Alicia B 6 Contributor address; City; Stat		)	7	Amount of Contribution (\$)	\$100.00
	Houston, TX 77007					
8 Principal occur Population F	pation / Job title (See Instructions) Health Lead		9 Employer (See Instructions Humana	s)		
Date 01/23/2024	Full name of contributor [ Kolter, Mara Contributor address; City; Stat	te; Zip Code	)		Amount of Contribution (\$)	\$25.00
Principal occu	ARLINGTON, TX 76016-26 pation / Job title (See Instructions)	648	Employer (See Instructions	<u> </u> s)		
	s Development		Convention Data Servic		LLC	
Date 01/02/2024	Full name of contributor  Kravetz, Ruth  Contributor address; City; Stat	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$72.00
	Houston, TX 77008					
Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
Date 01/20/2024	Full name of contributor  Kravetz, Ruth  Contributor address; City; Stat	out-of-state PAC (ID#:_ te; Zip Code		•	Amount of Contribution (\$)	\$25.00
Principal occu	Houston, TX 77008  upation / Job title (See Instructions)		Employer (See Instructions Community Voices for F		lic Ed	
Date 01/06/2024	Full name of contributor  Mattazzi, Kareem  Contributor address; City; Stat	out-of-state PAC (ID#:_	)	Ī	Amount of Contribution (\$)	\$100.00
	Houston, TX 77095					
Principal occu IT	upation / Job title (See Instructions)		Employer (See Instructions UT	s)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/18	
2	FILER NAME Norris, Dany	ahel M. (Mr.)			3	Filer ID (Ethics Commission 00088182	n Filers)
4	Date 01/14/2024	<ul><li>5 Full name of contributor Mays, Coy</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
_	District	Houston, TX 77004		Fundament (On a landamenting			
8	Server	pation / Job title (See Instructions)	9	Employer (See Instructions AREAS	5)		
	Date 01/05/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	  -  s)		
	Managemen	t Analyst		City of Houston			
	Date 01/19/2024	Full name of contributor  Morrison, Mary  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)	•	Amount of Contribution (\$)	\$25.00
		Houston, TX 77057					
	Principal occu Benefits Mar	pation / Job title (See Instructions) nager		Employer (See Instructions MHIA	5)		
	Date 01/01/2024	Full name of contributor  NEWHOUSE, David  Contributor address; City; State  Houston, TX 77230	out-of-state PAC (ID#:e; Zip Code	)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Ceo	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/14/2024	Full name of contributor Nath, Audrey Contributor address; City; State Houston, TX 77019	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Neurologist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			·				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/18	
2	FILER NAME Norris, Dany	ahel M. (Mr.)			3	Filer ID (Ethics Commission 00088182	n Filers)
4	Date 01/02/2024	<ul> <li>Full name of contributor  out-of-s         Reif, Renee</li> <li>Contributor address; City; State; Zip Co</li> </ul>			7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Fountain, CO 80817 pation / Job title (See Instructions)	l q	Employer (See Instructions	-, 		
Ŭ	Not Employe			Not Employed	',		
	Date 01/13/2024	3/2024 Rivlin, Sarah  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Delinational	Houston, TX 77017		For all and (Constructions	Ĺ		
	Teacher	pation / Job title (See Instructions)		Employer (See Instructions Houston ISD	5)		
	Date 01/23/2024	Full name of contributor out-of-s Robinson, Lisa Contributor address; City; State; Zip Co	tate PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Houston, TX 77025					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 01/16/2024	Simpson, Dwayne		)		Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Chambers Co.	5)		
	Date 01/25/2024	Full name of contributor out-of-s Stubblefield, Raymond Contributor address; City; State; Zip Co Houston, TX 77009	tate PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			1				

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/18	
2	FILER NAME Norris, Dany	ahel M. (Mr.)			3	Filer ID (Ethics Commission 00088182	n Filers)
4	Date 01/08/2024	<ul><li>5 Full name of contributor Terrell, Jackie</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$300.00
L		Houston, TX 77044	1-				
8	Managing D			Employer (See Instructions Harris County Attorney	i)		
	Date 01/23/2024	Full name of contributor Thomas, Kimberly Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77092  pation / Job title (See Instructions	, T	Employer (See Instructions	_		
	Attorney	pation / Job title (See Histractions	,	Oil & Gas	')		
	Date 01/23/2024	Full name of contributor Thompson, Denis Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$60.00
		Austin, TX 78752					
	Principal occu Programmer	pation / Job title (See Instructions		Employer (See Instructions University of Texas at A		in	
	Date 01/14/2024	Full name of contributor Yarborough, Melissa Contributor address; City; St. houston, TX 77023	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu Teacher	pation / Job title (See Instructions	)	Employer (See Instructions Houston ISD	5)		
	Date 01/21/2024	Full name of contributor schechter, lillie Contributor address; City; St. houston, TX 77021	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions self	<u> </u>		

#### 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

**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
OTHER (enter a category not listed above)

	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: 1/9 Rpt: 10/18	Norris, Danyahel M. (Mr.) 00088182
4	Date	5 Payee name
	01/20/2024	Area 5 Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	
		TX
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
		Donation .
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	Date	Dayso name
	01/12/2024	Payee name  Caldwell, Leonidas
		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website updates
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
_	Date	Payee name
	01/21/2024	Gethsemane Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	rayee address, City, State, ZIP Code
	Ψ23.00	
		TV
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 2/9 Rpt: 11/18	Norris, Danyahel M. (Mr.) 00088182
4	Date	5 Payee name
	01/02/2024	Greater Houston Frontier
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	
		TV
Ļ	PURPOSE	TX
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		MLK Scholarship Event
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiancie to benefit oron	<u></u>
	Date	Payee name
L	01/15/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.36	
		тх
	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  Snacks for warming center
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/04/2024	Hall, Terrence
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	
		тх
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Consulting Fee
		Consuling ree
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
$\vdash$		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics C	
	ommission Filers)
Sch: 3/9 Rpt: 12/18 Norris, Danyahel M. (Mr.) 00088182	
4 Date 5 Payee name	
01/10/2024 Hall, Terrence	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$380.00	
TX	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Advertising Expense Check if travel outside of Texas. Complete Schedu	ıle T.
Cneck if Austin, TX, officenoider living expense	
20 T-Shirts and ticket to event	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Data D	
Date Payee name	
01/15/2024 Home Depot	
Amount (\$) Payee address; City; State; Zip Code	
\$24.52	
TX	
PURPOSE (a) Category (See Categories listed at the top of this schedule)  OF Check if travel outside of Texas Complete Schedule	
Food/Beverage Expense Check if travel outside of Texas. Complete Schedi	ıle T.
Supplies for warming shelter	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
01/08/2024 Humble Area Democrats	
Amount (\$) Payee address; City; State; Zip Code	
\$20.00	
\$20.00	
\$20.00 TX	
\$20.00  TX  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule	ıle T.
\$20.00  TX  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	ıle T.
\$20.00  TX  PURPOSE OF Fees  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule	ıle T.
\$20.00  TX  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule) Check if Austin, TX, officeholder living expense Membership fees	ıle T.
\$20.00  TX  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Membership fees  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	ıle T.
\$20.00  TX  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule) Check if Austin, TX, officeholder living expense Membership fees	ıle T.
\$20.00  TX  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Membership fees  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	ıle T.

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		/ages	ges/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/9 Rpt: 13/18	Norris, Danyahel M. (Mr.)		00088182
4	Date	5 Payee name		•
	01/21/2024	Jacobs, Wanda		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$1,300.00			
		тх		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	D) Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Canvassing fee
Ļ				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	office held
┡	·			
	Date	Payee name		
L	01/08/2024	LOS CUCOS Restaurant		
	Amount (\$)	Payee address; City; State; Zip Co	de	<del>}</del>
	\$20.51			
L		TX		
	PURPOSE OF	, ,	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Meal at HAD meeting
				•
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	office held
	expenditure to benefit C/OI	Н		
F	Date	Payee name		
	01/16/2024	LULAC Council 60		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$35.00			
		тх		
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	D) Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Membership
L	Complete ONLY if direct	Candidata/Officahaldar nama	abt	office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sout	ynı	office held
$\vdash$				
L				

#### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magne/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	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: 5/9 Rpt: 14/18	Norris, Danyahel M. (Mr.) 00088182	
4	Date	5 Payee name	
	01/12/2024	Leonidas Caldwell	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.00		
		TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Donation to scholarship	
		Donation to scholarship	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
-	Date	Payee name	-
	01/14/2024	Lyons United	
-	Amount (\$)	Payee address; City; State; Zip Code	_
	\$20.00	. ayoo aaa oo yaa aa	
	420.00		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Gift/Awards/Memorials Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Church donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OI		
_	Data		_
	Date 01/21/2024	Payee name  New Pleasant Hill Church	
	Amount (\$) \$50.00	Payee address; City; State; Zip Code	
	φ30.00		
		TX	
	DUDDOOF		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	<u> </u>	

#### 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ages	es/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/9 Rpt: 15/18	Norris, Danyahel M. (Mr.)		00088182
4	Date	5 Payee name		
	01/14/2024	Office Max		
6	Amount (\$) \$17.74	7 Payee address; City; State; Zip Cod	de	
		TX		
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
				Supplies for badges
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç H	ght	Office held
Г	Date	Payee name		
	01/14/2024	Preston, James		
┝	Amount (\$)	Payee address; City; State; Zip Coo	de.	
	\$10.00	rayoo aaarooo, Griy, Gaace, Elp Con		
		тх		
	PURPOSE OF	, , ,	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Meal at church
				wear at church
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç H	ght	Office held
F	Date	Payee name		
	01/14/2024	Reddix, Lynette		
L			40	
	Amount (\$)	Payee address; City; State; Zip Cod	ле	
	\$150.00			
		TX		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Event Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 1 1		Check if Austin, TX, officeholder living expense
1				MLK Gala ticket
L				
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
1	expenditure to benefit C/OI	Н		
H				
L				

#### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/9 Rpt: 16/18	Norris, Danyahel M. (Mr.)		00088182
4	Date	5 Payee name		<u>'</u>
	01/07/2024	St. Luke Missionary		
6	Amount (\$) \$20.00	7 Payee address; City; State; Zip Cod  TX	е	
8	PURPOSE		b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Church Offering
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht	Office held
	Date	Payee name		
	01/13/2024	TGM Printing		
	Amount (\$) \$460.06	Payee address; City; State; Zip Cod	е	
		TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  2,000 fliers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date 01/24/2024	Payee name TGM Printing		
	Amount (\$) \$1,759.06	Payee address; City; State; Zip Cod	е	
		тх		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flyers, yard signs and posters
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Ontions 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

	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: 8/9 Rpt: 17/18	Norris, Danyahel M. (Mr.) 00088182							
4	Date	5 Payee name							
	01/11/2024	Tejanos Democrats							
6	Amount (\$) \$30.00	7 Payee address; City; State; Zip Code  TX							
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  Membership fees							
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	01/09/2024	UKEGBU, Michelle							
	Amount (\$) \$300.00	Payee address; City; State; Zip Code							
		тх							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Tickets for the Texas Black Rodeo heritage gala							
	Complete ONLY if direct								
	Date	Payee name							
	01/15/2024	Young, Chris							
	Amount (\$) \$209.78	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Robodial							
	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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services	Expense	Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor		Travel in District Travel Out of D		
ᆫ				The Instruction Gu	ide explains	now to comp	ete this form.				_
1	Total pages Schedule F1:	2	FILER NAM	1E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 9/9 Rpt: 18/18		Norris, Da	nyahel M. (Mr.)					00088182		
4	Date	5	Payee nam	e							$\neg$
	01/22/2024		Young, Ch								
٦	Amount (\$)	<del> </del>	Payee addr		Ctata	Zip Code					$\dashv$
ľ	\$1,107.08	ľ	Payee auui	ess, City,	Sidle,	Zip Code					
			TX								
8	PURPOSE	(a)		See Categories listed at th	e top of this sch	edule) (b)	Description				- 1
	OF EXPENDITURE		Consulting	g Expense			_			nplete Schedule T.	
							_		, officeholder livin	g expense	
							Consulting	iee			
9	Complete ONLY if direct expenditure to benefit C/OI	Н	Candidate/O	fficeholder name	C	Office sought			Office h	eld	