CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00032066		2 Total pages fi	iled: 22
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	Ms.	Norma P.			Date Received ELECTRONIC	
				OUEEN	07/15/2024	ALLITICED
	NICKNAME	LAST		SUFFIX	07/13/2024	
		Chavez			1	
4 CANDIDATE /	ADDRESS / PO BOX; AP	PT / SUITE #; CIT	<u>-</u> ΓΥ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	824 Bolivia Street				Receipt #	Amount
Change of Address	El Paso, TX 79903					
Change of Address	El Pasu, 1X 79903				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME		Carlos M.				
	NICKNAME	LAST		SUFFIX		
	INICKIVAIVIE	Rivera		301117		
		RIVEIA				
6 CAMPAIGN	STREET ADDRESS (NO P	PO BOX DI EASE).	ΔΕ	T / SUITE #; CITY;	· ST	ATE; ZIP CODE
TREASURER	919 E. University Avenu		Fu	1/3011L#, OIII,	,	ATE, ZIF CODE
ADDRESS	1919 E. Ulliversity Avenu	e				
(Residence or Business)						
	El Paso, TX 79902					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER I	EXTENSION			
TREASURER	(915) 549-5444					
PHONE	(010) 040 0444					
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff		mpaign treasurer
	 				appointment (off	
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Att	acn C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	05/19/2024	TH	HROUGH	06/30/202	24	
10 ELECTION	ELECTION DATE	_ _		ELECTION TYPE	<u> </u>	
	Month Day Year	· LJF	Primary	X Runoff	Other	
	05/28/2024		General	Special		
		"		Ш		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	 Γ (if known)	
	State Representative Dis	strict 77		State Represent		
				,	-	
		GO 7	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	Chavez, Norma P. (M	S.)	14 Filer ID (00032066	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this informatio	the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 20,550.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 28,524.58		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 200.37		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.				
		Ms.	Norma P. Chavez			
		Signature of	Candidate or Officehol	der		
AFFIX NO	TARY STAMP / SEAL ABO	DVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
		rtify which, witness my hand and seal of office.				
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath		

SUBTOTALS - C/OH COVER SHEET PG 3 3 of 22 8 FILER NAME 19 Filer ID (Ethics Commission Filers)

					3 01 22
18 FIL	ER NAN	1E	19 Filer ID	(Ethics Commissio	n Filers)
Ch	avez, N	Iorma P. (Ms.)	00032066		
20 SC NA	HEDUL ME OF	SUBTOTAL A	MOUNT		
1.	X	\$	20,550.00		
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 CONTRIBUTION	S	\$	20,724.58
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	7,800.00
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 CONTRIBUTI	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/22			
2	FILER NAME Chavez, Nor			3 Filer ID (Ethics Commission File 00032066				
4	Date 05/28/2024	 5 Full name of contributor out-of-state PAC (ID#:_Ehler, Joel 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$300.00		
8	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions)	9 Employer (See Instructions					
•	Anesthesiology Self Employed) 				
	Date Full name of contributor out-of-state PAC (ID#:) 05/25/2024 El Paso County Medical Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00			
	El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions)							
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_ El Paso Municipal Police Officers PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4,800.00		
		El Paso, TX 79901						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 05/20/2024	Full name of contributor out-of-state PAC (ID#:_ El Paso Municipal Police Officers PAC Contributor address; City; State; Zip Code El Paso, TX 79901			Amount of Contribution (\$)	\$4,800.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 05/26/2024	Full name of contributor out-of-state PAC (ID#:_Georges, Thomas Contributor address; City; State; Zip Code El Paso, TX 79932			Amount of Contribution (\$)	\$2,500.00		
	Principal occu V-President	pation / Job title (See Instructions)	Employer (See Instructions Jobe Materials)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this 1	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/22		
2	FILER NAME Chavez, Nor			3	Filer ID (Ethics Commission 00032066	on Filers)	
4 Date 05/23/2024 5 Full name of contributor □ out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$200.00		
_		El Paso, TX 79904					
8	Automotive	ipation / Job title (See Instructions)	9 Employer (See Instructions) Sergio Lewis)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/20/2024 Pickett, Joeseph C (The Honorable) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	El Paso, TX 79936 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Retired State						
Date Full name of contributor out-of-state PAC (ID#: 05/20/2024 Razavi, Ali Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00		
		Dallas, TX 75204					
	Principal occu Coban Corp	pation / Job title (See Instructions)	Employer (See Instructions President)			
	Date 06/11/2024	Full name of contributor out-of-state PAC (ID#:_ Reyes, Rebecca Contributor address; City; State; Zip Code El Paso, TX 79904			Amount of Contribution (\$)	\$50.00	
	Principal occu Planner	pation / Job title (See Instructions)	Employer (See Instructions State of Texas)			
	Date 05/20/2024	Full name of contributor out-of-state PAC (ID#:_Siamak, Keivan Contributor address; City; State; Zip Code El Paso , TX 79924)		Amount of Contribution (\$)	\$100.00	
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions Self)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/22	
2	FILER NAME Chavez, Noi			3	Filer ID (Ethics Commission F	Filers)
4	Date 05/20/2024	Full name of contributor)	7	Amount of Contribution (\$) \$1	L,500.00
		El Paso, TX 79922				
8	8 Principal occupation / Job title (See Instructions) Sierra Business Consulting 9 Employer (See Instruction Self					
	Date Full name of contributor out-of-state PAC (ID#:) 05/20/2024 Texas Consumer Finance Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2	2,000.00	
	Principal occu	Kerrville, TX 78028 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 05/23/2024	Full name of contributor out-of-state PAC (ID#:_ United Food and Commercial Workers Internation Contributor address; City; State; Zip Code	onal Union, AFL-CIO, CLC	•	Amount of Contribution (\$) \$2	2,500.00
	Principal occu	Washington, DC 20006 upation / Job title (See Instructions)	Employer (See Instructions	 - s)		
	Date 05/25/2024	Full name of contributor out-of-state PAC (ID#:_ Valenzuela, Guillermo (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu Chief Corpo	upation / Job title (See Instructions) rate Officer	Employer (See Instructions Aliviane	5)		

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/14 Rpt: 7/22	Chavez, Norma P. (Ms.) 00032066
4	Date	5 Payee name
	05/24/2024	2Ten
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.42	3019 Montana
		El Paso, TX 79903
8	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign meeting coffee and food/beverages
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/26/2024	2Ten
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.16	3019 Montana
		El Paso, TX 79903
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		beverage campaign meeting
	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/12/2024	2Ten
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3019 Montana
		El Paso, TX 79903
	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.
		Check if Austin, TX, officeholder living expense Election Watch food/beverages
		Licetion water roombeverages
	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	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: 2/14 Rpt: 8/22	Chavez, Norma P. (Ms.) 00032066
4	Date	5 Payee name
	05/22/2024	92.3 Fox Entravision
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$479.96	5426 N. Mesa
		El Paso, TX 79912
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 Radio buy
		Radio buy
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
L	·	
	Date	Payee name
	05/24/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$142.28	211 S Akard St
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Internet
		memet
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	5.	
	Date	Payee name
	05/21/2024	Alamo Mailing
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,113.41	12716 O'Connor
		San Antonio, TX 78233
	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
		printing
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
\vdash		

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committe	Gift/Awards/Memorials e Legal Services The Instruction Gu	·		ages/Co	ntract Labor	Travel C OTHER		strict category not listed above)	
1	Total pages Schedule F1:	2				,		3 Filer ID		(Ethics Commission Filers)	_
								00032		(Euros Commissión File15)	
L	Sch: 3/14 Rpt: 9/22		avez, Norma P. (Ms.)					00032	_000		
4	Date	1 1	ee name								
	05/23/2024	Bell	, Kenneth								
6	Amount (\$)	7 Pay	ee address; City;	State;	Zip Coo	de					
	\$420.00	120	4 Avalon Dr. Apt. E								
		l _{FIF}	Paso, TX 79925								
8	DUDDOCE				Ι.	(h) -	ulur +! - ::				
ð	PURPOSE OF		egory (See Categories listed at the		edule)	(D) D(escription	uteido of Toy	as Com	plete Schedule T.	
	EXPENDITURE	Sali	aries/Wages/Contract La	lbor		⊢	Check if flaver of				
						Cá	anvas				
9	Complete ONLY if direct	l Cand	idate/Officeholder name		Inffice souch	ıht		Of	fice he	-iq	
	expenditure to benefit C/OI		.aa.o. omoonoidoi name	O	cc 30ug	,		OI		···~	
_		ı									
	Date	1 1	ee name								
	06/03/2024	Bell	, Kenneth								
	Amount (\$)	Pay	ee address; City;	State;	Zip Cod	de					Ī
	\$472.00	120	4 Avalon Dr. Apt. E								
		 Elf	Paso, TX 79925								
\vdash	PURPOSE				L	(h) D	escription				
	OF		egory (See Categories listed at the aries/Wages/Contract La		eanle)	, De	-	utside of Tex	as. Com	plete Schedule T.	
	EXPENDITURE	Sali	anes/wayes/Contract La	UUI		⊢	Check if Austin,				
						Ca	anvas				
	Complete ONLY if direct	Cand	idate/Officeholder name	0	office soug	ht		Of	fice he	eld	
	expenditure to benefit C/OI										
H	Data		aa nama								
	Date 05/26/2024	1 1	ee name ninos do Vido								
	05/26/2024		ninos de Vida								
	Amount (\$)	1 1	ee address; City;	State;	Zip Coo	de					
	\$50.00	782	2 San Jose								
		ELF	Paso, TX 79915								
	PURPOSE	(a) Cate	egory (See Categories listed at the	ne top of this sche	edule)	(b) De	escription				
	OF	l	ntributions/Donations Ma		,			utside of Tex	as. Com	plete Schedule T.	
	EXPENDITURE		ndidate/Officeholder/Poli		ittee		Check if Austin,	TX, officehold	der living	g expense	
						do	onation				
	Complete ONLY if direct		idate/Officeholder name	0	office soug	jht		Of	fice 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to cor	ages/Contract Labor OTHER (enter a category not listed above) nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/14 Rpt: 10/22	Chavez, Norma P. (Ms.)	00032066
4 Date	5 Payee name	•
05/25/2024	Casa Pizza	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$39.12	4632 La Luz	
	El Paso, TX 79903	
8 PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(b) Description
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign pizza and beverages meeting.
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	Н	
Date	Payee name	
05/30/2024	Cintron, Veronica	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$226.78	651 Jeanny Marie Ct	
	El Paso, TX 79932	
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. Check if Austin, TX, officeholder living expense
		Reimburse campaign expenses
Complete ONLY if direct	Candidate/Officeholder name Office sout	ht Office held
expenditure to benefit C/O	H	
Date	Payee name	
06/01/2024	Cintron, Veronica	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$497.31	651 Jeanny Marie Ct	
	El Paso, TX 79932	
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(b) Description
EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimburse event(s) expenses, gas etc.,
		·
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht 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 Cor	mmittee	Gift/Awards/Mer Legal Services The Instruction		Sa		ages/	/Contract Labor			el Out of Di ER (enter a		t listed above)
_	Total manage Coloradula Ed	٦.	EII ED MARA		J.I Guide GA					_	Fit.	- ID	/C+b: 0	amminaian Fila\
1	Total pages Schedule F1:									3			(Einics C	ommission Filers)
	Sch: 5/14 Rpt: 11/22		Chavez, No	rma P. (Ms	.)						000)32066		
4	Date	5	Payee name											
	06/12/2024		Cintron, Ve	ronica										
6	Amount (\$)	7	Payee addre	ss; City;		State; Z	Zip Cod	de						
	\$500.00		651 Jeanny											
			,											
			El Paso, TX	70022										
Ļ	DUDDOOS	(:)					- I.	/k.\						
8	PURPOSE OF	(a)	Category (Se		ed at the top of	f this schedul	ıle)	(b)	Description	a	ide d	Taus - 0	mlate C: '	do T
	EXPENDITURE		Consulting	Expense					Check if travel of Check if Austin,					ле I.
									consulting se			HOIGET HVIII	y expense	
									concurring Sc		JJJ			
_	Complete ONLY if direct	<u> </u>	Candidata /Off:	oobolder ne	20	O#:	00.00:10	,bt				Office b	old	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	cenolaer nar	iie	Offic	ce soug	JIIL				Office h	eiu	
		_												
	Date		Payee name											
	06/07/2024		Civic Cente	r Parking										
	Amount (\$)		Payee addre	ss; City;		State; Z	Zip Coo	de						
	\$13.00		1 Civic Cen	ter Plaza										
			El Paso, TX	79901										
	PURPOSE	_					14	(h)	Description					
	OF	(۳)	Category (Se		ea at the top of	t this schedul	iie)	(5)	Check if travel	outsi	ide of	Texas. Con	nplete Schedi	ıle T.
	EXPENDITURE		Event Expe	i iot					Check if Austin,					
									parking Texas	s D	emo	ocratic (Conventio	on
	Complete ONLY if direct		Candidate/Offi	ceholder nar	ne	Offic	ce soug	,ht				Office h	eld	
	expenditure to benefit C/O													
	Date	Г	Pavee nome					_						
	05/24/2024		Payee name Don Carbor	Tacos										
		_				<u> </u>	71							
	Amount (\$)		Payee addre			State; Z	∠ıp Coc	de						
	\$49.52		7790 Gatev	<i>l</i> ay										
			El Paso, TX	79915										
	PURPOSE	(a)	Category (Se	ee Categories lis	ed at the top of	f this schedul	le) ((b)	Description					
	OF		Food/Bever	-	•			-	Check if travel	outsi	ide of	Texas. Con	nplete Schedu	ule T.
	EXPENDITURE			3 1					Check if Austin,				g expense	
									tacos and bev	ver	age	S		
								_		_	_			
	Complete ONLY if direct		Candidate/Offi	ceholder nar	ne	Offic	ce soug	ght				Office h	eld	
	expenditure to benefit C/O	Н												
	 													

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 Salarice Magnet/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/14 Rpt: 12/22	Chavez, Norma P. (Ms.)
4	Date	5 Payee name
	05/27/2024	EPJCC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	6060 Surety Suite 100
		El Paso , TX 79905
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 radio
		Taulo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Power name
	05/23/2024	Payee name EPMP
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,845.50	1144 Vista De Oro Ste A
		El Paso, TX 79935
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		mailout
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/24/2024	Encinas, Orlando
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	3924 Oxford
	400.00	
		El Paso, TX 79901
	PURPOSE	To.
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		canvas
	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 -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		
1	Total pages Cabadula F1:		_
1	Total pages Schedule F1: Sch: 7/14 Rpt: 13/22	2 FILER NAME Chavez, Norma P. (Ms.) 3 Filer ID (Ethics Commission Filers) 00032066	
4	Date	5 Payee name	
	05/30/2024	Fed Ex	
6	Amount (\$) \$119.06	7 Payee address; City; State; Zip Code 7900 Legacy Drive	
		Plano, TX 75024	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
		Check if Austin, TX, officeholder living expense	
		invoice printing	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	05/28/2024	Gelo, Casey	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$90.00	7328 Dale Rd	
	φ90.00	7320 Daie Nu	
		El Paso, TX 79915	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense	
		canvas	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/04/2024	Gonzalez, Armando	
-	Amount (\$)	Payee address; City; State; Zip Code	_
	\$120.00	801 Richard Dirve	
	\$120.00	OUT RICHARD DIEVE	
		El Paso, TX 79907	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		canvas	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
			_

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: 8/14 Rpt: 14/22	Chavez, Norma P. (Ms.) 00032066
4 Date	5 Payee name
05/24/2024	lonos
6 Amount (\$) \$23.41	7 Payee address; City; State; Zip Code 701 Lee Road Chesterbrook, OK 19087
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 Website
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/24/2024	lonos
Amount (\$) \$23.41	Payee address; City; State; Zip Code 701 Lee Road
	Chesterbrook, OK 19087
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 Website
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/26/2024	Jack In The Box
Amount (\$) \$48.00	Payee address; City; State; Zip Code 4160 N. Mesa
	El Paso, TX 79912
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense canvas food/beverages
Complete ONLY if direct expenditure to benefit C/O	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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/14 Rpt: 15/22	Chavez, Norma P. (Ms.)	00032066
4	Date	5 Payee name	
	05/21/2024	Martinez, April	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	9871 Staubach	
		El Paso, TX 79927	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Galaries/ Wages/ Contract Eabor	outside of Texas. Complete Schedule T.
		Canvas	n, TX, officeholder living expense
		Ganvas	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		0.1100 11010
	Date	Payee name	
	05/28/2024	Martinez, April	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$330.00	9871 Staubach	
	Ψ030.00	3071 Statistics	
		El Paso, TX 79927	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Cornitact Eabor	n, TX, officeholder living expense
		canvas	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experional to benefit C/O	1	
	Date	Payee name	
	05/21/2024	Perez Galvan, Ida	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$405.00	5860 Cleveland Apt 1	
		El Paso, TX 79905	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaties/Wages/Contract Labor	outside of Texas. Complete Schedule T.
		Canvas	n, TX, officeholder living expense
		Canvas	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office Held

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 complete this form.
1	Total pages Schedule F1: Sch: 10/14 Rpt: 16/22	2 FILER NAME Chavez, Norma P. (Ms.) 3 Filer ID (Ethics Commission Filers) 00032066
4	Date 05/23/2024	5 Payee name Prestige Printing
6	Amount (\$) \$2,173.66	7 Payee address; City; State; Zip Code 8 Burwood Lane
		San Antonio, TX 78216
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/22/2024	Payee name Ratjen, Rosselyn
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 7328 Dale Rd.
		El Paso, TX 79915
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Doorhanging
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/04/2024	Payee name Rojas, Vivian
	Amount (\$) \$120.00	Payee address; City; State; Zip Code 7861 Jersey
		El Paso, TX 79915
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense canvas
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	
1	Total pages Schedule F1:	
	Sch: 11/14 Rpt: 17/22	Chavez, Norma P. (Ms.) 00032066
4	Date	5 Payee name
	05/24/2024	Ruiz, Andrea
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.00	1750 Castle Gate Way
		El Paso, TX 79936
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Canvas
		- Samuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/25/2024	Sams
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.08	7001 Gateway Blvd.
		FI Daga TV 7002F
	DUDD 0.0-	El Paso, TX 79925
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		gas
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held
L		
	Date 05/21/2024	Payee name
	05/21/2024	Sandoval, Patricia
	Amount (\$) \$45.00	Payee address; City; State; Zip Code 1616 N. Stanton #4
	Φ45.00	TOTO N. Stanton #4
		El Paso, TX 79902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin TX, officeholder living expenses.
		Check if Austin, TX, officeholder living expense Stipend for door hanging
	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 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 F dyment	The Instruction Guide explains how to cor	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3	3	Filer ID	(Ethics Commission Filers)	
	Sch: 12/14 Rpt: 18/22	Chavez, Norma P. (Ms.)				00032066		
4	Date	5 Payee name		L				_
	05/30/2024	Scale to Win						
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de					_
	\$169.30	13742 Harper Street						
		Santa Ana, CA 92703						
8	PURPOSE		(h)	Description				—
Ū	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(2)	Check if travel ou	ıtsid	le of Texas. Com	plete Schedule T.	
	EXPENDITURE	, taronioningnponeo		Check if Austin, T	Χ,	officeholder living	expense	
				text				
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	7						
	Date	Payee name						
	06/03/2024	Tirado, Jean Carlo						
	Amount (\$)	Payee address; City; State; Zip Cod	de					_
	\$255.00	9375 Viscount #1009						
		El Paso, TX 79925						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				_
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel ou	itsid	le of Texas. Com	plete Schedule T.	
	LAPENDITORE			Check if Austin, T	Χ,	officeholder living	expense	
				canvas				
	Computate ONLY if diseast	Condidate/Officeholder nome	a. la.t			Office he	la la	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	gnı			Office he	eia	
	Date	Payee name						
	05/22/2024	Velez, Jose						
	Amount (\$)	Payee address; City; State; Zip Coo	de					
	\$350.00	311 Montana A219						
		El Paso, TX 79902						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Consulting Expense		Check if travel ou Check if Austin, T				
				brand and grap			expense	
				Statia and grap	···	.00		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht			Office he	eld	
	expenditure to benefit C/OI		9111			Cilioc He	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/14 Rpt: 19/22	Chavez, Norma P. (Ms.) 00032066
4	Date	5 Payee name
	05/30/2024	Villanueva, Dora
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	Villanueva
		4707 Comanche
		El Paso, TX 79905
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAPENDITORE	Candidate/Officeholder/Political Committee
		Donation
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/31/2024	White, Harry Steven
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.00	4537 Hurcules
		El Paso, TX 79904
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Canvas
		Carras
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	06/03/2024	Willie, Cintron
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 651 Jeanny Marie Ct
	\$100.00	051 Jeanny Marie Ct
		FI D TV 70000
		El Paso, TX 79932
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Polated Transportation Equipment And Polated Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		gas reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H

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			mmittee	Gift/Awa Legal Se	everage Expense ords/Memorials Expe ervices struction Guide			ense iges/C	contract Labor e this form.		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAM	IE						3	Filer ID	(Ethics Commission File	ers)
	Sch: 14/14 Rpt: 20/22		Chavez, N		P. (Ms.)						00032066		
4	Date	5	Payee name	e									
	05/20/2024		Zampanta		do								
6	Amount (\$)	7	Payee addr	ess;	City;	State;	Zip Cod	е					
	\$604.20		3410 Wick	ham									
			El Paso, T										
8	PURPOSE OF	(a)			ories listed at the to	p of this sch	edule) (b) [Description				
	EXPENDITURE		Printing Ex	pense				Ļ	_		de of Texas. Comp officeholder living		
								L	Sign stickers		, officeriolder living	схрензе	
									J				
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Of	fficehold	er name	C	Office soug	ht			Office he	ld	

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 21/22 Chavez, Norma P. (Ms.) 00032066 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 06/01/2024 Cintron, Veronica Amount (\$) Payee address; State; Zip Code \$1,500.00 651 Jeanny Marie Ct El Paso, TX 79932 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 06/01/2024 Quinn, Kevin Amount (\$) Payee address; City; State; Zip Code \$2,300.00 1204 Stone Ridge El Paso, TX 79912 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Advertising, printing, banners, expenses Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 22/22 Chavez, Norma P. (Ms.) 00032066 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 06/14/2024 Suncircle Strategic Solutions Amount (\$) Payee address; State; Zip Code \$4,000.00 1701 Bassett Step 157 El Paso, TX 79901 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Invoice #6050 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH