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 Commi 00088117		2 Total pages	filed: 37
3 CANDIDATE /	MS / MRS / MR FI	RST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	Mr. E	ric D.			Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME LA	 AST		SUFFIX	10/06/2024	
		orman		30111X		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SI	UITE#; CITY	/ ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING ADDRESS	P.O. Box 141				Receipt #	Amount
Change of Address	Seguin, TX 78156					
	Seguii, 17, 16166				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FII	RST		MI		
TREASURER	Mr. Eli	igio				
NAME		.9.0				
	NICKNAME LA	 \ST		SUFFIX		
		uerrero Loza		33.1.11		
6 CAMPAIGN	STREET ADDRESS (NO PO BO	X PLEASE):	AP	T / SUITE #; CIT	Y: ST	ATE; ZIP CODE
TREASURER	P.O. Box 141			.,	,	,
ADDRESS						
(Residence or Business)	Seguin, TX 78156					
	ocgani, 17. 10100					
7 CAMPAIGN	AREA CODE PHONE N	NUMBER E	XTENSION			
TREASURER PHONE	(830) 719-4310					
8 REPORT TYPE						
ITPE	January 15	30th day before	election	Runoff	15th day after ca appointment (of	ampaign treasurer ficeholder only)
	July 15	8th day before e	lection	Exceeded modified	Final Report (At	
		•	ш	reporting limit		·
9 PERIOD	Month Day Year			Month Day	/ Year	
COVERED	07/01/2024	THI	ROUGH	09/26/20		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pri	imary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	IT (if known)	
	0.1.02.1.225 (ii dii.j)				ntative District 44	
				·		
	1			<u> </u>		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 37

13 C / OH NAME	Norman, Eric D. (Mr.)		14 Filer ID 00088117	(Ethics Com	ımission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have bee	olitical expenditures made by political n made without the candidate's or offic rt this information only if they receive n	eholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	Blue Horizon Texas PAC			
		COMMITTEE ADDRESS			
	SPECIFIC	PO Box 780162			
		San Antonio, TX 78278			
		COMMITTEE CAMPAIGN TREAS	SURER NAME		
		Barnett, Claire			
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS		
		тх			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTION ES OF LOANS, OR CONTRIBUTIO	S (OTHER THAN PLEDGES, LOANS, DNS MADE ELECTRONICALLY)	\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANT	EES OF LOANS)	\$	14,940.63
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	11,931.86
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		D AS OF THE LAST DAY OF THE	\$	6,327.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		ING LOANS AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		true and correc	m, under penalty of perjury, that the ac at and includes all information required Election Code.	ccompanying to be reporte	report is ed by me
			Mr. Eric D. Norman		
			Signature of Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
of	, 20, to co	ertify which, witness my hand and s	eal of office.		
Signature of office	cer administering	Printed name of officer admir	nistering Title of office	er administer	ing oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 37
18 FILE	ER NAN		19 Filer ID	(Ethi	cs Commission Filers)
Nor	man, I	Eric D. (Mr.)	00088117		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,247.00
2.	X	\$	4,693.63		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	\$	11,931.86		
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 TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (IS	SCHEDULE A1				
	The Instru	ction Guide explains hov	to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 1/15 Rpt: 4/37	
2	FILER NAME Norman, Eric	c D. (Mr.)				3	Filer ID (Ethics Commission 00088117	n Filers)
4	Date 07/13/2024	5 Full name of contributor Adams, Patricia6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78748		_				
8	Principal occu Registered N	pation / Job title (See Instructions Nurse	s) 	9	Employer (See Instructions Ascenscion	5)		
	Date 08/10/2024	Full name of contributor Askey, Sara Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$20.00
	Principal occu	Seguin, TX 78155 pation / Job title (See Instructions	s)		Employer (See Instructions retired	<u> </u> s)		
	Date 09/05/2024	Full name of contributor Balderas, Frutoso Contributor address; City; S	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$25.00
	Principal occu	Seguin, TX 78155 pation / Job title (See Instructions	.)		Employer (See Instructions	<u>''</u>		
	retired	pation / Job title (See Instructions)		retired	·)		
	Date 08/04/2024	Full name of contributor Barnett, Mary Contributor address; City; S Austin, TX 78704	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions	s)		Employer (See Instructions retired	s)		
	Date 07/16/2024	Full name of contributor Bearce, Amy Contributor address; City; S Schertz, TX 78154	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Freelance W	pation / Job title (See Instructions riter	s)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRII		SCHEDULE A1			
	The Instru	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 2/15 Rpt: 5/37	
2	FILER NAME Norman, Eric	D. (Mr.)			3	Filer ID (Ethics Commission 00088117	n Filers)
4	Date 09/12/2024	Bischoff, Whitney	PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
	Dringing Loggy	Seguin, TX 78155	lo.	Employer (Con Instructions	<u></u>		
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 08/28/2024	Blumberg, Hillmar				Amount of Contribution (\$)	\$500.00
		Seguin, TX 78156		5 1 (0 1 : :			
	Principal occu Rancher	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 09/26/2024	Full name of contributor out-of-state Bohmfalk, Robert Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Seguin, TX 78155					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
	Date 08/31/2024	Campos, Esther				Amount of Contribution (\$)	\$20.00
	Principal occu Secretary	pation / Job title (See Instructions)		Employer (See Instructions Minigrip LLC	5)		
	Date 09/02/2024	Full name of contributor out-of-state Campos, Esther Contributor address; City; State; Zip Code Seguin, TX 78155	PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Secretary	pation / Job title (See Instructions)		Employer (See Instructions Minigrip LLC	5)		
			1				

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1			
	The Instru	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 6/37	
2	FILER NAME Norman, Eric	c D. (Mr.)			3	Filer ID (Ethics Commission 00088117	n Filers)
4	Date 09/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Seguin, TX 78155 pation / Job title (See Instructions)	l _o	Employer (See Instructions	<u>''</u>		
0	retired	pation / Job title (See Instructions)	9	retired	>)		
	Date 07/07/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$75.00
	Principal occu	Seguin, TX 78155 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Lecturer	pation / 300 title (See Instructions)		Texas Lutheran Univers			
	Date 07/17/2024	Full name of contributor ut-of-state PAC Cullinane, Mary Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78704					
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions Cardea Services	5)		
	Date 08/11/2024	Full name of contributor out-of-state PAC Dunn, David Contributor address; City; State; Zip Code Lewisville, TX 75067)	•	Amount of Contribution (\$)	\$44.00
	Principal occu Editor	pation / Job title (See Instructions)		Employer (See Instructions Southlake Style	5)		
	Date 07/22/2024	Full name of contributor out-of-state PAC Filip, Joseph Contributor address; City; State; Zip Code Austin, TX 78721			•	Amount of Contribution (\$)	\$500.00
	Principal occu Policy Mana	pation / Job title (See Instructions) ger		Employer (See Instructions ByteDance	s)		
			•				

	MONET	ARY POLITICAL CO	S		SCHEDULE A1		
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 7/37	
2	FILER NAME Norman, Eric	c D. (Mr.)			3	Filer ID (Ethics Commission 00088117	on Filers)
4	Date 08/31/2024	6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)	7	Amount of Contribution (\$)	\$70.00
8	Principal occu Policy Mana	Austin, TX 78721 pation / Job title (See Instructions) ger	9	Employer (See Instructions ByteDance)		
	Date 07/25/2024	Full name of contributor Fischer, Sheri Contributor address; City; State New Braunfels, TX 78130	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 07/27/2024	Full name of contributor Fox, Joyce Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Seguin, TX 78155 pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 08/31/2024	Full name of contributor Germann, James Contributor address; City; State Seguin, TX 78155	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$500.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 07/27/2024	Full name of contributor Gravitt, Sandra Contributor address; City; State Seguin, TX 78155	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$1,000.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
			·				

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 8/37	
2	FILER NAME Norman, Eric	c D. (Mr.)				3	Filer ID (Ethics Commission 00088117	n Filers)
4	Date 09/21/2024	5 Full name of contributorGuerra, Alejandro6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$250.00
		Seguin, TX 78155						
8	Principal occu Chemist	pation / Job title (See Instructions	s) 	9	Employer (See Instructions Infineon	5)		
	Date 07/18/2024	Full name of contributor Guerrero, Eligio Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$20.00
	Dringing Lagge	Seguin, TX 78155			Employer (Con Instructions	<u></u>		
	Manufacturir	pation / Job title (See Instructions ng Engineer	5)		Employer (See Instructions Caterpillar	>)		
	Date 08/22/2024	Full name of contributor Harrison, Geraldine Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$20.00
		Seguin, TX 78155						
	Principal occu retired	pation / Job title (See Instructions	5)		Employer (See Instructions retired	s)		
	Date 08/29/2024	Full name of contributor Hartfiel, Arlynn Contributor address; City; S Seguin, TX 78155	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$500.00
	Principal occu retired	pation / Job title (See Instructions	5)		Employer (See Instructions retired	s)		
	Date 08/23/2024	Full name of contributor Hartzog, Lois Contributor address; City; S Seguin, TX 78155	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$40.00
	Principal occu retired	pation / Job title (See Instructions	s)		Employer (See Instructions retired	s)		

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 9/37	
2	FILER NAME Norman, Eric	c D. (Mr.)			3	Filer ID (Ethics Commission 00088117	n Filers)
4	Date 07/27/2024	 Full name of contributor out-of-state PAC (Humphris, Betty Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$60.00
	Dringing Loggy	Seguin, TX 78155	ام	Employer (Coo Instruction	<u></u>		
8	retired	pation / Job title (See Instructions)	g	Employer (See Instructions retired	5)		
	Date 08/04/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$250.00
	Principal occu	Seguin, TX 78155 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	retired	pation / Job title (See Instructions)		retired	·)		
	Date 09/11/2024	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$15.00
		Seguin, TX 78155					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 08/18/2024	Full name of contributor out-of-state PAC (Kesterson, Joel Contributor address; City; State; Zip Code Denton, TX 76205)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions UDCUS	<u>l</u> S)		
	Date 08/04/2024	Full name of contributor out-of-state PAC (Krahn, Martha Contributor address; City; State; Zip Code Schertz, TX 78154				Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
			•				

	MONET	ARY POLITICAL CO	S		SCHEDULE A1		
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 10/37	
2	FILER NAME Norman, Eric	c D. (Mr.)			3	Filer ID (Ethics Commission 00088117	n Filers)
4	Date 09/10/2024	5 Full name of contributor	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Seguin, TX 78155 pation / Job title (See Instructions)	la	Employer (See Instructions	_		
Ü	Main Street I		ľ	City of Seguin	')		
	Date 08/23/2024	Full name of contributor Langford, Mary Jo Contributor address; City; State;				Amount of Contribution (\$)	\$156.00
	Dringing aggr	Seguin, TX 78155		Employer (Coo Instructions	_		
	retired	pation / Job title (See Instructions)		Employer (See Instructions retired	')		
	Date 07/15/2024	Full name of contributor Leiter, Alfrieda Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Seguin, TX 78155					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	()		
	07/28/2024 Lerche, Jackie		out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	<u>(</u>		
	Date 08/28/2024	Full name of contributor Linden, Greg Contributor address; City; State; Berkeley, CA 94720	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Researcher	pation / Job title (See Instructions)		Employer (See Instructions UC Berkeley	5)		
			1				

	MONET	ARY POLITICAL CON	S		SCHEDULE A1		
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 11/37	
2	FILER NAME Norman, Eric	c D. (Mr.)			3	Filer ID (Ethics Commission 00088117	n Filers)
4	Date 09/26/2024	5 Full name of contributor o Loof, Wayne6 Contributor address; City; State; Z	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$200.00
8	Principal occu Realtor	Seguin, TX 78155 pation / Job title (See Instructions)		Employer (See Instructions Anders Pierce)		
	Date 08/22/2024	McCune, Duane Contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu CPA	Schertz, TX 78154 pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 07/01/2024	McElveen, Kay Contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Seguin, TX 78155 pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 09/14/2024	Messman, Yolanda Contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occuretired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 07/05/2024	Full name of contributor on the second of contributor on the second of contributor on the second of contributor address; City; State; Zity; Schertz, TX 78154	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions Nexus Horizons LLC)		

	MONET	ARY POLITICAL CO	S		SCHEDULE A1		
	The Instru	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 12/37	
2	FILER NAME Norman, Eric	c D. (Mr.)			3	Filer ID (Ethics Commission 00088117	n Filers)
4	Date 08/05/2024	5 Full name of contributorMeyer, Kay6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_	Deinsinal assu	Schertz, TX 78154	I o	Franks on (Cap Instructions	<u></u>		
8	Business Ov	pation / Job title (See Instructions) vner	9	Employer (See Instructions Nexus Horizons LLC	5)		
	Date 08/06/2024	Full name of contributor Meyer, Kay Contributor address; City; State)		Amount of Contribution (\$)	\$100.00
	Principal occu	Schertz, TX 78154 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Business Ow			Nexus Horizons LLC			
	Date 09/05/2024	Full name of contributor Meyer, Kay Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$10.00
		Schertz, TX 78154					
	Principal occu Business Ov	pation / Job title (See Instructions) vner		Employer (See Instructions Nexus Horizons LLC	5)		
	Date 07/12/2024	Full name of contributor Miller, Mark Contributor address; City; State McQueeney, TX 78123)		Amount of Contribution (\$)	\$500.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Wendell Smith Insurance		LC	
	Date 08/31/2024	Full name of contributor Oelke, Luther Contributor address; City; State Seguin, TX 78155	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
			'				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/15 Rpt: 13/37	
2	FILER NAME Norman, Eric			3	Filer ID (Ethics Commission 00088117	on Filers)	
4	Date 09/23/2024			7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	Seguin, TX 78155 pation / Job title (See Instructions)	a	Employer (See Instructions	;) 		
Ŭ	retired	pation / oob title (occ motituditions)	ľ	retired	,,		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#:) Philips, Tyler Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	San Antonio, TX 78204		<u></u>				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Finance Director Kristian for Texas			»)				
	Date 09/05/2024				Amount of Contribution (\$)	\$25.00	
		San Antonio, TX 78204					
	Principal occu Finance Dire	pation / Job title (See Instructions) ctor		Employer (See Instructions Kristian for Texas	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/18/2024 Rea, Joe Contributor address; City; State; Zip Code Seguin, TX 78155			Amount of Contribution (\$)	\$100.00		
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$1,000.00	
	Principal occu Graphic Des	pation / Job title (See Instructions) igner		Employer (See Instructions	5)		
			1				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 11/15 Rpt: 14/37	
2	FILER NAME Norman, Eric			3	Filer ID (Ethics Commission 00088117	ı Filers)	
4	Date 09/14/2024			7	Amount of Contribution (\$)	\$27.00	
_	Deignigal	Tyler, TX 75703	lo.	Franks on (Cook batturations			
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 07/29/2024	Full name of contributor out-of-state PAC (ID#:) Scott, Milda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00	
		Cibolo, TX 78108					
		Employer (See Instructions retired	5)				
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00	
		Cibolo, TX 78108					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/10/2024 Scott, Milda Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$40.00	
	Principal occu retired	Cibolo, TX 78108 pation / Job title (See Instructions)		Employer (See Instructions retired	<u> </u>		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$15.00	
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
			,				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 12/15 Rpt: 15/37		
2	FILER NAME Norman, Eric			3	Filer ID (Ethics Commission 00088117	n Filers)		
4	Date 07/17/2024			7	Amount of Contribution (\$)	\$25.00		
8	Principal occu	Seguin, TX 78155 pation / Job title (See Instructions)	. Ia	<u> </u>	Employer (See Instructions			
0	retired	pation / Job title (See Instructions,			retired)		
	Date 08/17/2024	Full name of contributor out-of-state PAC (ID#:) Shattuck, Lola Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
		Seguin, TX 78155	1					
Principal occupation / Job title (See Instructions) Employer (See Instruct retired retired		Employer (See Instructions retired)					
	Date Full name of contributor out-of-state PAC (ID#:) 09/17/2024 Shattuck, Lola Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
		Seguin, TX 78155						
	Principal occu retired	pation / Job title (See Instructions)			Employer (See Instructions retired)		
	Date 07/01/2024				Amount of Contribution (\$)	\$100.00		
	Principal occu retired	pation / Job title (See Instructions)			Employer (See Instructions retired)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$100.00		
	Principal occu retired	pation / Job title (See Instructions)			Employer (See Instructions retired)		
			<u>'</u>					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 13/15 Rpt: 16/37	
2	FILER NAME Norman, Eric			3	Filer ID (Ethics Commission 00088117	on Filers)	
4	Date 08/03/2024			7	Amount of Contribution (\$)	\$250.00	
8	Principal occu	Seguin, TX 78155 pation / Job title (See Instructions)	lo.	Employer (See Instructions	·/-		
0	retired	pation / Job title (See Instructions)	9	retired)		
	Date 08/17/2024	Full name of contributor out-of-state PAC (ID#:) Thadden, Monique Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00	
	Deinsinal	Seguin, TX 78155		Faralas a (Os a la struction	$\overline{\Gamma}$		
Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired		Employer (See Instructions retired	5)				
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#:) Thadden, Monique Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
		Seguin, TX 78155					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/22/2024 Thexton, Barbara Contributor address; City; State; Zip Code Seguin, TX 78155			Amount of Contribution (\$)	\$200.00		
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 08/03/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00	
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
			<u>, </u>				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 14/15 Rpt: 17/37		
2	FILER NAME Norman, Eric			3	Filer ID (Ethics Commission 00088117	n Filers)	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Thexton, Bridget 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$40.00		
8	Principal occu	New York, NY 10024 pation / Job title (See Instructions)	l q	Employer (See Instructions)		
Ü	retired	pation / vob title (dee instructions)		retired	,		
	Date 07/25/2024	Full name of contributor out-of-state PAC (ID#:) Valescu, Ann Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Seguin, TX 78155						
		Employer (See Instructions retired)				
	Date Full name of contributor out-of-state PAC (ID#:) Valescu, Ann Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		Seguin, TX 78155					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/07/2024 Valescu, Ann Contributor address; City; State; Zip Code Seguin, TX 78155			Amount of Contribution (\$)	\$100.00		
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$100.00	
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
			,				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 15/15 Rpt: 18/37		
2	FILER NAME Norman, Eri			3	Filer ID (Ethics Commission 00088117	n Filers)	
4			7	Amount of Contribution (\$)	\$20.00		
		Seguin, TX 78155	_				
8	Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions retired	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 08/24/2024 Wallock, Karen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occuretired	Seguin, TX 78155 ncipal occupation / Job title (See Instructions) ired Employer (See Instructions) retired					
	Date Full name of contributor out-of-state PAC (ID#:) 07/06/2024 Westerfield, Rhonda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
		Seguin, TX 78155					
	Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions retired	s)			
	Date 07/07/2024				Amount of Contribution (\$)	\$100.00	
Principal occupation / Job title (See Instructions) Employer (S retired retired		Employer (See Instructions retired	s)				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this 1	form.	1 Total pages Schedule A2: Sch: 1/3 Rpt: 19/37			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Norman, Eri	ic D. (Mr.)	00088117				
4						
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$ 0.0)0		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution			
08/31/2024	Anders, Aidan		contribution (\$) description \$3,000.00 Marketing and Media			
	7 Contributor address; City; State; Zip Code		Consulting			
	Portland, OR 97209		Check if travel outside of Texas. Complete Schedule	T.		
10 Principal occເ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)			
Marketing		Self				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1				
Data	Full manner of contributors		Amount of ! In-kind contribution	=		
Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description			
00/20/2024	Blue Horizon Texas PAC		\$100.00 Strategy session,			
	Contributor address; City; State; Zip Code		endorsement, social			
			media, email			
	Can Antonia TV 70270		i promotion			
5	San Antonio, TX 78278	T = 1 (500 NO)	Check if travel outside of Texas. Complete Schedule	T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)			
			(777 117 127 117 117 117 117 117 117 117			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution			
08/15/2024	Ford, Scott		contribution (\$) description			
	Contributor address; City; State: Zip Code		\$273.60 Campaign signs			
			į į			
			i i			
	New Braunfels, TX 78130		Check if travel outside of Texas. Complete Schedule	т		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		<u></u>		
Owner	,	Self	,			
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
	,		(,			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	_		
Continuators	omployonan iiiii (i Oit oobioine)	Law iiiii oi continutti	or a appeade (in unity) (i or addicine)			
If contributes	is a shild law firm of parent(s) (if any) (FOD ILIDICIAL)					
ii contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
I						

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/3 Rpt: 20/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

Norman, Eric D. (Mr.)			00088117			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$ 0.00				
5 Date 08/04/2024	 Full name of contributor out-of-state PAC (ID#:	8 Amount of contribution (\$) 9 In-kind contribution description \$375.00 Design of campaign literature, signs				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON				
Graphic Des	signer	Ellucian				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date Full name of contributor out-of-state PAC (ID#: 08/25/2024 Rodriguez, Joanna (Mrs.) Contributor address; City; State; Zip Code			Amount of In-kind contribution contribution (\$) description \$600.00 Design of newspaper ad, website			
	Seguin, TX 78155		Check if travel outside of Texas. Complete Schedule T.			
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)			
Graphic Des	<u> </u>	Ellucian	(FOR HIDICIAL) (Con instructions)			
Continuotors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	contributor's spouse (if any) (FOR JUDICIAL)			
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description \$200.00 Sign design			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	· —			
Graphic Des	signer	Ellucian				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)	,				
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.48da51f7			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 21/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman, Eric D. (Mr.) 00088117 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/06/2024 Scott, Milda \$145.03 | Postcards 7 Contributor address; City; State; Zip Code Cibolo, TX 78108 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) retired retired 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/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: 1/16 Rpt: 22/37	Norman, Eric D. (Mr.) 00088117
4 Date	5 Payee name
07/07/2024	ActBlue Technical Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.35	366 Summer Street
	Somerville, MA 02144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Service Fee
	Schwidt 1 cc
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	the state of the s
Date	Payee name
07/14/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$39.50	366 Summer Street
	Somerville, MA 02144
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Service Fee
	33.7.00 1 00
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/21/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$3.96	366 Summer Street
	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit ever	·

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: 2/16 Rpt: 23/37	Norman, Eric D. (Mr.) 00088117	
4	Date	5 Payee name	
	07/28/2024	ActBlue Technical Services	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.74	366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense	
		Check if Austin, TX, officeholder living expense Service Fee	
		Service ree	
_	Operation ONLY if allowed	Out of the total of the should be a series o	_
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
	<u> </u>		_
	Date	Payee name	
	08/04/2024	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.63	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Service Fee	
		GOLVING L CC	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_			_
	Date	Payee name	
	08/11/2024	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.09	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Service Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	л 	

SCHEDULE F1

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

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

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of 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: 3/16 Rpt: 24/37	Norman, Eric D. (Mr.) 00088117
4	Date	5 Payee name
	08/18/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.97	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee
		Service 1 cc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/OI	
	Date	Payee name
	08/25/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.48	366 Summer Street
	Ψ9.40	300 Suffiller Street
		Comparillo, MA 02144
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/01/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.05	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Service Fee
		Service Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total marca Cabadula E1.		_
1	Total pages Schedule F1: Sch: 4/16 Rpt: 25/37	2 FILER NAME Norman, Eric D. (Mr.) 3 Filer ID (Ethics Commission Filers) 00088117	
4	Date	5 Payee name	
	09/08/2024	ActBlue Technical Services	
6	Amount (\$) \$2.38	7 Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Service Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	-	
	Date	Payee name	
	09/15/2024	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.64	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Service Fee	
		Service ree	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/22/2024	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.05	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Service Fee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Takal manna Calarabata 54	1
1	Total pages Schedule F1:	
	Sch: 5/16 Rpt: 26/37	Norman, Eric D. (Mr.) 00088117
4	Date	5 Payee name
	07/01/2024	Allan Dreibrodt Memorial Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1660 Sagebiel Road
		Seguin, TX 78155
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	08/24/2024	Anders, Brendan
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	9009 Great Hills Trail
		Apartment 422
		Austin, TX 78759
_	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Videography
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	08/14/2024	Chamness, Chad
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	823 North Heideke Street
		Seguin, TX 78155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA LADITONE	Check if Austin, TX, officeholder living expense
		Photography Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/OI	

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 6/16 Rpt: 27/37	Norman, Eric D. (Mr.) 00088117
4	Date	5 Payee name
	09/08/2024	City of Cibolo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.00	200 S. Main Street
		Cibolo, TX 78108
8	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 Booth Registration Fee
		Doour registration rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Date	Davis same
	07/22/2024	Payee name Guadalupe County Democratic Club
		· · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 2501
		Seguin, TX 78156
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Event Sponsorship
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	D-4-	
	Date	Payee name
	09/08/2024	Guadalupe County Fair
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.53	728 Midway
		Seguin, TX 78155
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parade Entry Fee
		Faiaue Entry Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊢		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/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: 7/16 Rpt: 28/37	Norman, Eric D. (Mr.) 00088117
4	Date	5 Payee name
	07/23/2024	Guadalupe Printing Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.36	107 North Camp Street
		Seguin, TX 78155
8	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
		Business Cards
		Baomoso Gardo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	08/06/2024	Guadalupe Printing Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$195.92	107 North Camp Street
		Seguin, TX 78155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Voucher half-sheets
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/15/2024	Guadalupe Printing Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,367.88	107 North Camp Street
		Seguin, TX 78155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Yard Signs
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to belieff 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 8/16 Rpt: 29/37	Norman, Eric D. (Mr.) 00088117
4	Date	5 Payee name
	09/10/2024	Guadalupe Printing Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,621.15	107 North Camp Street
		Seguin, TX 78155
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Yard Signs, business cards, voucher flyers
		rard Signs, business cards, voucher hyers
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_	D :	
	Date	Payee name
	09/20/2024	Guadalupe Printing Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$485.38	107 North Camp Street
		Seguin, TX 78155
	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 Voucher flyers, invitations
		Voucher hyers, invitations
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/03/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.50	1340 East Court Street
		Seguin, TX 78155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		supplies for 4th of July parade
_	Operation ONE V. C. F.	On didn't lot for a series of the series of
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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: 9/16 Rpt: 30/37	Norman, Eric D. (Mr.) 00088117
4	Date	5 Payee name
	08/02/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.46	1340 East Court Street
		Seguin, TX 78155
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		water for volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	08/01/2024	Keepers Interiors & Furniture
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$324.03	615 North Austin Street
		Seguin, TX 78155
	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 Thank You Cards
		Thank You Calus
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/09/2024	Meta Platforms Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.11	1 Meta Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Meta Ads
	Operation ONE V. C. P	On didn't lotter had a many
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

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

	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: 10/16 Rpt: 31/37	Norman, Eric D. (Mr.) 00088117
4	Date	5 Payee name
	09/10/2024	Meta Platforms Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.00	1 Meta Way
		Menlo Park, CA 94025
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 Meta Ads
		Wieta Aus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Development
		Payee name Meta Platforms Inc
L	09/11/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.00	1 Meta Way
		Menlo Park, CA 94025
	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 Meta Ads
		Wieta Aus
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	09/12/2024	Meta Platforms Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.00	1 Meta Way
		Menlo Park, CA 94025
	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 Meta Ads
		Wicia Ads
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officenoider/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: 11/16 Rpt: 32/37	Norman, Eric D. (Mr.) 00088117
4	Date	5 Payee name
	09/13/2024	Meta Platforms Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.00	1 Meta Way
		Menlo Park, CA 94025
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
		Meta Ads
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	09/14/2024	Meta Platforms Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.00	1 Meta Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meta Ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/15/2024	Meta Platforms Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.00	1 Meta Way
	,,,,,,,	
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meta Ads
	0 1 0 0 0 0 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	iplete tl	his form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 12/16 Rpt: 33/37	Norman, Eric D. (Mr.)			00088117	
4	Date	5 Payee name		•		
	09/16/2024	Meta Platforms Inc				
6	Amount (\$)	7 Payee address; City; State; Zip Code	le			
	\$258.67	1 Meta Way				
		Menlo Park, CA 94025				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	(b) Des	scription		
	OF EXPENDITURE	Advertising Expense		Check if travel outsid		
				Check if Austin, TX, o	officeholder living	g expense
			IVIC	ia Aus		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	ht		Office he	əlq
ľ	expenditure to benefit C/O				Omoo n	Sid
-	Date	Payee name				
	09/17/2024	Meta Platforms Inc				
	Amount (\$)	Payee address; City; State; Zip Code	<u></u>			
	\$210.00	1 Meta Way				
	Ψ210.00	1 Meta Way				
		Menlo Park, CA 94025				
_	PURPOSE		(b) Day	scription		
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		Check if travel outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, o	officeholder living	gexpense
			Me	eta Ads		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	ht		Office he	eld
	Date	Payee name				
	09/18/2024	Meta Platforms Inc				
	Amount (\$)	Payee address; City; State; Zip Code	le			
	\$283.00	1 Meta Way				
		Menlo Park, CA 94025				
	PURPOSE OF	, ,		scription	. - 0	
	EXPENDITURE	Advertising Expense		Check if travel outsid Check if Austin, TX, o		•
				eta Ads		, oxponice
Т	Complete ONLY if direct	Candidate/Officeholder name Office sought	ht		Office he	eld
	expenditure to benefit C/O	1				

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 t	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/16 Rpt: 34/37	Norman, Eric D. (Mr.)	00088117
4	Date	5 Payee name	-
	09/19/2024	Meta Platforms Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$242.00	1 Meta Way	
		Menlo Park, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		L	Check if Austin, TX, officeholder living expense eta Ads
		IVI	cia Aus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Since near
_	Date	Payee name	
	09/20/2024	Meta Platforms Inc	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$140.00	1 Meta Way	
	Ψ1-10.00	1 Mota Way	
		Menlo Park, CA 94025	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	escription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		Me	eta Ads
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	experience to benefit Gree		
	Date	Payee name	
	09/21/2024	Meta Platforms Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$324.00	1 Meta Way	
		Menlo Park, CA 94025	
	PURPOSE OF	l ' ' ' ' —	escription
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L	eta Ads
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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 comp	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 14/16 Rpt: 35/37	Norman, Eric D. (Mr.)		00088117
4	Date	5 Payee name		
	09/23/2024	Meta Platforms Inc		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$187.00	1 Meta Way		
		Menlo Park, CA 94025		
8	PURPOSE OF	,	b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Meta Ads
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	09/26/2024	Meta Platforms Inc		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$63.28	1 Meta Way		
		Menlo Park, CA 94025		
	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 Meta Ads
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	4		
	Date	Payee name		
	08/08/2024	Northeast Partnership		
	Amount (\$)	Payee address; City; State; Zip Code	<u>—</u>	
	\$20.00	2150 Universal City Boulevard		
		Universal City, TX 78148		
	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.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				NEP luncheon ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt .	Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	IL	Office field

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 15/16 Rpt: 36/37	Norman, Eric D. (Mr.) 00088117
4	Date	5 Payee name
	08/22/2024	Seguin Gazette
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$465.75	805 E. Court Street
		Seguin, TX 78155
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		1/4 page Ad in Fair/Festival Guide
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/04/2024	The Chamber
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.00	1730 Schertz Parkway
		Schertz, TX 78154
	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.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		'State of Education' Lunch Ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	_
	Date 07/22/2024	Payee name U.S. Postal Service
	07/23/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$146.00	531 West Court Street
		Seguin, TX 78155
	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 Postage Stamps
		1 ostage stamps
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

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	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Printi Salar		e /Contract Labor		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 Filers)
	Sch: 16/16 Rpt: 37/37			Eric D. (Mr.)					00088117	
4	Date	5	Payee name	e				<u> </u>		
	07/19/2024		Wells Farg							
6	Amount (\$)	7	Payee addr	ess; City; S	tate; Zip	Code				
	\$6.00		101 E. Nol	te Street						
			Seguin, TX	K 78155						
8	PURPOSE	(a)		See Categories listed at the top of thi	s schedule)	(b)	Description			
	OF EXPENDITURE		Accounting	g/Banking			_		ide of Texas. Comp	
							Checks	n, IX	, officeholder living	expense
							CHECKS			
Ļ	Commisto ONII V if disport	<u> </u>	Condidate/Of	Wie als als large manage	Office				Office he	.la
9	Complete ONLY if direct expenditure to benefit C/OH		Canuluale/OI	fficeholder name	Office	sought			Office he	eiu
_										
l										