

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | |
|---|---|--|--|
| 1 Filer ID (Ethics Commission Filers) 00088117 | 2 Total pages filed: 39 | OFFICE USE ONLY | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Eric D. | MI MI |
| | NICKNAME | LAST Norman | SUFFIX |
| 4 ORIGINAL REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other (specify) |
| | <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded modified reporting limit | |
| | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | |
| | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Final Report (Attach C/OH-FR) | |
| 5 ORIGINAL PERIOD COVERED | Month Day Year | THROUGH | Month Day Year |
| | 01/01/2024 | | 06/30/2024 |
| OFFICE USE ONLY Date Received ELECTRONICALLY FILED 11/15/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged | | | |

6 EXPLANATION OF CORRECTION

In my original semi-annual report I accidentally double reported a service fee (fundraising expense) of \$.79 from ActBlue on 1/29. This \$.79 charge and an additional \$.99 charge were correctly reported (\$1.78) in the next entry (2/2/24), so I zeroed out the original entry.

As I'm making this correction as part of a good-faith effort to maintain accurate reports, in addition to the dollar amount being so small, I'm hoping to not incur a fine/penalty.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Eric D. Norman

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | |
|---|--|---|---|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00088117 | 2 Total pages filed: 39 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Eric D. | MI MI | OFFICE USE ONLY |
| | NICKNAME | LAST Norman | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 141 Seguin, TX 78156 | | | Date Hand-delivered or Date Postmarked |
| | | | | Receipt # Amount |
| | | | | Date Processed |
| | | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Eligio | MI MI | |
| | NICKNAME | LAST Guerrero Loza | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 141 Seguin, TX 78156 | | | |
| | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | (830) | 719-4310 | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | |
| | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| 9 PERIOD COVERED | Month Day Year | THROUGH | | Month Day Year |
| | 01/01/2024 | | | 06/30/2024 |
| 10 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE | |
| | 11/05/2024 | | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) | |
| | | | State Representative District 44 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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| | |
|---|---|
| 13 C / OH NAME Norman, Eric D. (Mr.) | 14 Filer ID (Ethics Commission Filers) 00088117 |
|---|---|

| | | |
|---|--|---|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | |
| | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|--------------------------------|---|--------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 18,204.32 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 5,247.68 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 7,771.11 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

17 AFFIDAVIT

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

Mr. Eric D. Norman

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

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| | | |
|--|---|---|
| 18 FILER NAME Norman, Eric D. (Mr.) | | 19 Filer ID (Ethics Commission Filers) 00088117 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 12,177.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 6,027.32 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 5,247.68 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/21 Rpt: 5/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 06/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcock, Rick <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78248 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Accountant | | 9 Employer (See Instructions) Schuh Browne P.C. |
| Date 03/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Yumaira <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Division President | | Employer (See Instructions) Spectrum Association Management |
| Date 02/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Stephen <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashby, Odulia <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Dale <hr/> Contributor address; City; State; Zip Code Houston, TX 77077 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Financial Manager | | Employer (See Instructions) First Sterling Ventures Corporation |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/21 Rpt: 6/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 06/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Janice Lord <hr/> 6 Contributor address; City; State; Zip Code Cuero, TX 77954 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 02/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bischoff, Whitney <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booker, Ollie <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 03/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briers, Lewis (Mr.) <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briers, Lewis (Mr.) <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/21 Rpt: 7/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 04/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Patti <hr/> 6 Contributor address; City; State; Zip Code Seguin, TX 78155 | 7 Amount of Contribution (\$) \$15.00 |
| 8 Principal occupation / Job title (See Instructions) Coordinator | | 9 Employer (See Instructions) RSVP America Reads |
| Date 01/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burton, Sydney <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 03/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calanche, Michael <hr/> Contributor address; City; State; Zip Code El Paso, TX 79928 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Border Patrol Officer | | Employer (See Instructions) United States Border Patrol |
| Date 02/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolan, Diana <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewing, Barbara <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/21 Rpt: 8/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 06/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Hannah | 7 Amount of Contribution (\$) \$25.00 |
| 6 Contributor address; City; State; Zip Code San Marcos, TX 78666 | | |
| 8 Principal occupation / Job title (See Instructions) Librarian | | 9 Employer (See Instructions) City of Seguin |
| Date 06/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felty, Heather | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code Seguin, TX 78155 | | |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Self |
| Date 04/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Sheri | Amount of Contribution (\$) \$30.00 |
| Contributor address; City; State; Zip Code New Braunfels, TX 78130 | | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Curtis | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code New Braunfels, TX 78130 | | |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) Raytheon |
| Date 02/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Curtis | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code New Braunfels, TX 78130 | | |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) Raytheon |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/21 Rpt: 9/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 03/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Curtis <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130 | 7 Amount of Contribution (\$) \$15.00 |
| 8 Principal occupation / Job title (See Instructions) Engineer | | 9 Employer (See Instructions) Raytheon |
| Date 04/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frels, Chris <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frels, Chris <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 04/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaytan, Paul <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Self |
| Date 06/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code Seattle, WA 98101 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/21 Rpt: 10/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 01/05/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greiser, Ingrid <hr/> 6 Contributor address; City; State; Zip Code Seguin, TX 78155 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Wine Sales | | 9 Employer (See Instructions) King Estate Winery |
| Date 03/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadalupe County Democratic Club <hr/> Contributor address; City; State; Zip Code Seguin, TX 78156 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Raymond <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrin, Gene Ann <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrin, Gene Ann <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/21 Rpt: 11/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 06/30/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hottle, Diana <hr/> 6 Contributor address; City; State; Zip Code Cibolo, TX 78108 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 02/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huck, Darrell <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 02/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphris, Betty <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphris, Betty <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 03/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Lisa <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Human Resources | | Employer (See Instructions) Alamo Group |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/21 Rpt: 12/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 03/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keddal, Mark <hr/> 6 Contributor address; City; State; Zip Code Seguin, TX 78155 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 01/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keddal, Sally <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennard, Ellen <hr/> Contributor address; City; State; Zip Code Gonzales, TX 78629 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kittel, Suzanne <hr/> Contributor address; City; State; Zip Code Gonzales, TX 78629 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Self |
| Date 01/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koehler, Jeff <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Designer | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/21 Rpt: 13/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 02/16/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kokinos, Robbin <hr/> 6 Contributor address; City; State; Zip Code Sherwood, AR 72120 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kokinos, Robbin <hr/> Contributor address; City; State; Zip Code Sherwood, AR 72120 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 02/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Tammi <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Federal Employee | | Employer (See Instructions) GSA |
| Date 03/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Tammi <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Federal Employee | | Employer (See Instructions) GSA |
| Date 01/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langford, Mary Jo <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/21 Rpt: 14/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 06/09/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langford, Mary Jo <hr/> 6 Contributor address; City; State; Zip Code Seguin, TX 78155 | 7 Amount of Contribution (\$) \$400.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerche, Jackie <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154 | Amount of Contribution (\$) \$17.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linden, Greg <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94720 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Researcher | | Employer (See Instructions) UC Berkeley |
| Date 02/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Sylvia <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 02/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Daniel <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Photographer | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/21 Rpt: 15/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 06/05/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Kay | 7 Amount of Contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code Schertz, TX 78154 | | |
| 8 Principal occupation / Job title (See Instructions) Owner | | 9 Employer (See Instructions) Nexus Horizons LLC |
| Date 06/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Kenny | Amount of Contribution (\$) \$15.00 |
| Contributor address; City; State; Zip Code Seguin, TX 78155 | | |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) New Braunfels ISD |
| Date 06/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Felix | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Seguin, TX 78155 | | |
| Principal occupation / Job title (See Instructions) Funeral Assistant | | Employer (See Instructions) Tres Hewell Mortuary |
| Date 06/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Luz | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Gonzales, TX 78629 | | |
| Principal occupation / Job title (See Instructions) Mentor/Tutor | | Employer (See Instructions) Communities in Schools |
| Date 06/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieto, Alicia | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Seguin, TX 78155 | | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/21 Rpt: 16/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 03/19/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Alessandra <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60608 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Woodshop Manager | | 9 Employer (See Instructions) School of the Art Institute of Chicago |
| Date 04/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Bertha <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 03/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Daniel <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 02/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Jourdan <hr/> Contributor address; City; State; Zip Code Tempe, AZ 85282 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Fraud Investigator | | Employer (See Instructions) Oscar Health |
| Date 02/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Natasha <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Marketing Coordinator | | Employer (See Instructions) El Paso Museum of History |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/21 Rpt: 17/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 06/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Partner | | 9 Employer (See Instructions) Opus Faveo Innovation Development |
| Date 03/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Joe <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 02/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponce, Francisco <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) UT Health East Texas |
| Date 01/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Sally <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberson, Karen <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/21 Rpt: 18/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 06/05/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberson, Karen <hr/> 6 Contributor address; City; State; Zip Code Seguin, TX 78155 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 02/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Carlos (Mrs.) <hr/> Contributor address; City; State; Zip Code Spring, TX 77379 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) Bruegmann USA |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Jocelyn <hr/> Contributor address; City; State; Zip Code Spring, TX 77379 | Amount of Contribution (\$) \$260.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Prosper ISD |
| Date 06/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosales, Wanda <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Jose (Colonel) <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/21 Rpt: 19/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 02/02/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salt, Linda <hr/> 6 Contributor address; City; State; Zip Code Seguin, TX 78155 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 01/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlegel, Joan <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 02/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schnuriger, Jeanne <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Milda <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Milda <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/21 Rpt: 20/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 03/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Milda <hr/> 6 Contributor address; City; State; Zip Code Cibolo, TX 78108 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 03/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Milda <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 04/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Milda <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 05/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Milda <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Milda <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/21 Rpt: 21/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 05/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shattuck, Lola | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Seguin, TX 78155 | |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shattuck, Lola | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Seguin, TX 78155 | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 05/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, Matt | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Seguin, TX 78155 | |
| Principal occupation / Job title (See Instructions) Aviation | | Employer (See Instructions) COA |
| Date 01/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slyter, Adam | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Seguin, TX 78155 | |
| Principal occupation / Job title (See Instructions) Hotel Manager | | Employer (See Instructions) White Lodging |
| Date 06/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stalsworth, Wayne | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code Seguin, TX 78155 | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/21 Rpt: 22/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 01/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, Sharon <hr/> 6 Contributor address; City; State; Zip Code Seguin, TX 78155 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 03/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, Sharon <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 05/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, Sharon <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, Sharon <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 02/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thadden, Monique <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$75.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/21 Rpt: 23/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 03/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thadden, Monique <hr/> 6 Contributor address; City; State; Zip Code Seguin, TX 78155 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 01/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trinidad Jr., Jesus <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 02/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valescu, Ann <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 04/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valescu, Ann <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaz, Garth (Dr.) <hr/> Contributor address; City; State; Zip Code Gonzales, TX 78629 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) The Vaz Clinic, PA. |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/21 Rpt: 24/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 06/09/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virden, Nancy <hr/> 6 Contributor address; City; State; Zip Code Seguin, TX 78155 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voss, Cynthia <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Mildred (Ms.) <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 04/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Mildred (Ms.) <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Natalia <hr/> Contributor address; City; State; Zip Code Plano, TX 75024 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Physician's Assistant | | Employer (See Instructions) Texas Oncology |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/21 Rpt: 25/39 |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 06/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welborn, Darlene <hr/> 6 Contributor address; City; State; Zip Code Seguin, TX 78155 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 02/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerfield, Rhonda <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth <hr/> Contributor address; City; State; Zip Code Alamogordo, NM 88310 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Windle, Wayne <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Commercial Broker | | Employer (See Instructions) Self |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/2 Rpt: 26/39 | |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 0.00 | |
| 5 Date 03/14/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Scott | 8 Amount of contribution (\$) \$68.40 | 9 In-kind contribution description Campaign signs |
| | 7 Contributor address; City; State; Zip Code New Braunfels, TX 78130 | | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner | | 11 Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 03/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Scott | Amount of contribution (\$) \$68.40 | In-kind contribution description Campaign signs |
| | Contributor address; City; State; Zip Code New Braunfels, TX 78130 | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner | | Employer (FOR NON-JUDICIAL) (See instructions) Self | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 04/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Scott | Amount of contribution (\$) \$136.80 | In-kind contribution description Campaign signs |
| | Contributor address; City; State; Zip Code New Braunfels, TX 78130 | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner | | Employer (FOR NON-JUDICIAL) (See instructions) Self | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 2/2 Rpt: 27/39 | |
| 2 FILER NAME Norman, Eric D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088117 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 0.00 | |
| 5 Date 06/28/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Scott | 8 Amount of contribution (\$) \$273.60 | 9 In-kind contribution description Campaign signs |
| | 7 Contributor address; City; State; Zip Code New Braunfels, TX 78130 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner | | 11 Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 06/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Messman, Yolanda | Amount of contribution (\$) \$80.12 | In-kind contribution description refreshments for Meet and Greet |
| | Contributor address; City; State; Zip Code Nixon, TX 78140 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired | | Employer (FOR NON-JUDICIAL) (See instructions) retired | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 02/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Joanna (Mrs.) | Amount of contribution (\$) \$5,400.00 | In-kind contribution description design of campaign branding, newspaper ad, and website |
| | Contributor address; City; State; Zip Code Seguin, TX 78155 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Graphic Designer | | Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 1/12 Rpt: 28/39 | 2 FILER NAME Norman, Eric D. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00088117 |
|---|--|--|

| | |
|-----------------------------|---|
| 4 Date 01/07/2024 | 5 Payee name ActBlue Technical Services |
|-----------------------------|---|

| | |
|--------------------------------|--|
| 6 Amount (\$) \$7.52 | 7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 |
|--------------------------------|--|

| | | |
|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee |
|---------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 01/21/2024 | Payee name ActBlue Technical Services |
|--------------------|--|

| | |
|-----------------------|---|
| Amount (\$) \$3.95 | Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 |
|-----------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 01/28/2024 | Payee name ActBlue Technical Services |
|--------------------|--|

| | |
|-----------------------|---|
| Amount (\$) \$9.88 | Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 |
|-----------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|---|---|---------------|---|
| 1 | Total pages Schedule F1: Sch: 2/12 Rpt: 29/39 | 2 | FILER NAME Norman, Eric D. (Mr.) | 3 | Filer ID (Ethics Commission Filers) 00088117 |
| 4 | Date 01/29/2024 | 5 | Payee name ActBlue Technical Services | | |
| 6 | Amount (\$) \$0.00 | 7 | Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 02/02/2024 | | Payee name ActBlue Technical Services | | |
| | Amount (\$) \$1.78 | | Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 02/11/2024 | | Payee name ActBlue Technical Services | | |
| | Amount (\$) \$13.05 | | Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|---|--|-----------------------------|---------------|
| 1 Total pages Schedule F1: Sch: 3/12 Rpt: 30/39 | 2 FILER NAME Norman, Eric D. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00088117 | | | |
| 4 Date 02/18/2024 | 5 Payee name ActBlue Technical Services | | | | |
| 6 Amount (\$) \$1.98 | 7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | | |
| Date 02/25/2024 | Payee name ActBlue Technical Services | | | | |
| Amount (\$) \$19.75 | Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | | |
| Date 03/03/2024 | Payee name ActBlue Technical Services | | | | |
| Amount (\$) \$30.82 | Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 4/12 Rpt: 31/39 | 2 FILER NAME Norman, Eric D. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 03/24/2024 | 5 Payee name ActBlue Technical Services | |
| 6 Amount (\$) \$4.94 | 7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/31/2024 | Payee name ActBlue Technical Services | |
| Amount (\$) \$2.77 | Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/05/2024 | Payee name ActBlue Technical Services | |
| Amount (\$) \$0.79 | Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 5/12 Rpt: 32/39 | 2 FILER NAME Norman, Eric D. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 05/12/2024 | 5 Payee name ActBlue Technical Services | |
| 6 Amount (\$) \$0.99 | 7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/19/2024 | Payee name ActBlue Technical Services | |
| Amount (\$) \$0.99 | Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/02/2024 | Payee name ActBlue Technical Services | |
| Amount (\$) \$0.79 | Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 6/12 Rpt: 33/39 | 2 FILER NAME Norman, Eric D. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 06/09/2024 | 5 Payee name ActBlue Technical Services | |
| 6 Amount (\$) \$5.75 | 7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/23/2024 | Payee name ActBlue Technical Services | |
| Amount (\$) \$17.79 | Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/30/2024 | Payee name ActBlue Technical Services | |
| Amount (\$) \$18.18 | Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|--|--|---------------|---|
| 1 | Total pages Schedule F1: Sch: 7/12 Rpt: 34/39 | 2 | FILER NAME Norman, Eric D. (Mr.) | 3 | Filer ID (Ethics Commission Filers) 00088117 |
| 4 | Date 02/10/2024 | 5 | Payee name Costco Wholesale | | |
| 6 | Amount (\$) \$65.75 | 7 | Payee address; City; State; Zip Code 15330 IH-35 North Selma, TX 78154 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 01/16/2024 | | Payee name Gartner Studios | | |
| | Amount (\$) \$55.93 | | Payee address; City; State; Zip Code 201 S. Main Street Stillwater, MN 55082 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thank You Cards | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 01/13/2024 | | Payee name Guadalupe County Democratic Club | | |
| | Amount (\$) \$62.50 | | Payee address; City; State; Zip Code PO Box 2501 Seguin, TX 78156 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MLK Banquet Ticket | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 8/12 Rpt: 35/39 | 2 FILER NAME Norman, Eric D. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 03/14/2024 | 5 Payee name Guadalupe Printing Solutions | |
| 6 Amount (\$) \$341.97 | 7 Payee address; City; State; Zip Code 107 North Camp Street Seguin, TX 78155 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/20/2024 | Payee name Guadalupe Printing Solutions | |
| Amount (\$) \$341.97 | Payee address; City; State; Zip Code 107 North Camp Street Seguin, TX 78155 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/02/2024 | Payee name Guadalupe Printing Solutions | |
| Amount (\$) \$683.94 | Payee address; City; State; Zip Code 107 North Camp Street Seguin, TX 78155 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 9/12 Rpt: 36/39 | 2 FILER NAME Norman, Eric D. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 04/02/2024 | 5 Payee name Guadalupe Printing Solutions | |
| 6 Amount (\$) \$80.22 | 7 Payee address; City; State; Zip Code 107 North Camp Street Seguin, TX 78155 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Name Badge, Business Cards |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/20/2024 | Payee name Guadalupe Printing Solutions | |
| Amount (\$) \$216.21 | Payee address; City; State; Zip Code 107 North Camp Street Seguin, TX 78155 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Invitation printing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/28/2024 | Payee name Guadalupe Printing Solutions | |
| Amount (\$) \$1,625.57 | Payee address; City; State; Zip Code 107 North Camp Street Seguin, TX 78155 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs and Flyers |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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|--|--|---|
| 1 Total pages Schedule F1: Sch: 10/12 Rpt: 37/39 | 2 FILER NAME Norman, Eric D. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 06/29/2024 | 5 Payee name HEB | |
| 6 Amount (\$) \$8.92 | 7 Payee address; City; State; Zip Code 1340 E. Court Street Seguin, TX 78155 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water for volunteers |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/21/2024 | Payee name KWED - Seguin Daily News | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 609 E. Court Street Seguin, TX 78155 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Booth Registration Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/29/2024 | Payee name Matador Food Mart | |
| Amount (\$) \$2.99 | Payee address; City; State; Zip Code 945 S. Austin Street Seguin, TX 78155 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ice for Drinks at Event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 11/12 Rpt: 38/39 | 2 FILER NAME Norman, Eric D. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 Date 01/21/2024 | 5 Payee name Office Depot | |
| 6 Amount (\$) \$9.19 | 7 Payee address; City; State; Zip Code 1500 E. Court Street Seguin, TX 78155 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Name badges |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/02/2024 | Payee name Seguin Gazette | |
| Amount (\$) \$414.00 | Payee address; City; State; Zip Code 805 E. Court Street Seguin, TX 78155 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1/4 page ad |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/30/2024 | Payee name Squarespace Inc. | |
| Amount (\$) \$264.80 | Payee address; City; State; Zip Code 225 Varick Street, 12th Floor New York, NY 10014 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain registry and hosting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 12/12 Rpt: 39/39 | 2 FILER NAME Norman, Eric D. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00088117 |
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|-----------------------------|---|
| 4 Date 02/23/2024 | 5 Payee name Texas Democratic Party |
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|----------------------------------|--|
| 6 Amount (\$) \$650.00 | 7 Payee address; City; State; Zip Code 314 E. Highland Mall Boulevard Suite 508 Austin, TX 78752 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter File Access |
|---------------------------------|---|---|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|-----------------------------------|
| Date 04/05/2024 | Payee name U.S. Postal Service |
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|-------------------------|---|
| Amount (\$) \$182.00 | Payee address; City; State; Zip Code 531 West Court Street Seguin, TX 78155 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1-year post office box renewal |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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