## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Eth 00088117	ics Commission Filers)	<ul><li>2 Total pages filed:</li><li>39</li></ul>			OFFICE US	SEONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Eric D.		MI	ELECTRONICAL	LY FILED
	NICKNAME	LAST		SUFFIX		
4 ORIGINAL		Norman		vooifu)	Date Hand-delivered or D	ate Postmarked
4 ORIGINAL REPORT TYPE	January 15	Runoff	Other (sp	Jecliy)	Receipt #	Amount
	30th day before election	15th day after camp	aign treasurer		теобрі #	
	8th day before election	appointment (office	nolder only)		Date Processed	1
5 ORIGINAL PERIOD COVERED	Month Day Yea 01/01/2024	ar THROUGH	Month Day 06/30/2024	Year	Date Imaged	
6 EXPLANATION OF 0	CORRECTION					
	nnual report I accidentally c 9 charge were correctly rep					This \$.79 charge
As I'm making this co not incur a fine/penal	rrection as part of a good-fa	aith effort to maintain a	ccurate reports, in add	ition to the dolla	ar amount being so s	mall, I'm hoping to
	.y.					
7 AFFIDAVIT			ear, or affirm, under pe correct.	nalty of perjury,	, that this corrected r	eport is true
		Che	ck the box next to any	and all applicab	le statements:	
		X	Semiannual reports was made in good fai misrepresent the info	ith and without a		
		X	Other reports: I sureport not later than t that the report as orig swear, or affirm, that filed was made in goo	he 14th busines jinally filed is ina any error or om	accurate or incomple	I learned ete. I
				Mr. Eric D. No	orman	
			Signatur	e of Candidate	or Officeholder	
AFFIX NOTARY ST	AMP / SEAL ABOVE					
Sworn to and subsc	ribed before me, by the sai	d		, this th	e	day
of	, 20, to cer	tify which, witness my h	nand and seal of office			
Signature of offic	er administering oath	Printed name of of	ficer administering oat	h T	itle of officer adminis	stering oath
	Remember To At Nee	tach Any Part Of ded To Report A			ort Form	
Forms provided by Tex	kas Ethics Commission	www.ethi	cs.state.tx.us			V4.1.0.5dd2ace2

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commi 00088117	ssion Filers)	2 Total pages file 39		
3 CANDIDATE /	MS / MRS / MR	FIRST	-	MI		ISE ONLY	
OFFICEHOLDER NAME	Mr.	Eric D.					
NAME					Date Received		
					ELECTRONICA	LLY FILED	
	NICKNAME	LAST		SUFFIX	11/15/2024		
		Norman					
4 CANDIDATE /	ADDRESS / PO BOX;		TY;	ZIP CODE	Date Hand-delivered or	Date Postmarked	
OFFICEHOLDER	P.O. Box 141		,	ZII OODE			
MAILING	P.U. DUX 141				Receipt #	Amount	
ADDRESS							
Change of Address	Seguin, TX 78156				Date Processed		
					Date Imaged		
					-		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI			
TREASURER	Mr.	Eligio					
NAME							
	NICKNAME	LAST	2	SUFFIX			
		Guerrero Loz	a				
6 CAMPAIGN TREASURER	STREET ADDRESS (NC	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE	
ADDRESS	P.O. Box 141						
(Desidence or Business)							
(Residence or Business)	Seguin, TX 78156						
7 CAMPAIGN	AREA CODE P	HONE NUMBER	EXTENSION				
TREASURER PHONE	(830) 719-4310						
THOME							
8 REPORT							
TYPE	January 15	30th day befor	e election	Runoff	15th day after can		
				=	appointment (offic		
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)	
0. DED:00							
9 PERIOD COVERED		ar -		Month Day	Year		
COVERED	01/01/2024	I	HROUGH	06/30/2024	1		
10 ELECTION	ELECTION DAT						
		ar	Primary	Runoff	Other		
	11/05/2024	X	General	Special			
				<u> </u>			
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)		
	······································			State Representa			
		GO	TO PAGE 2				
Forms provided by Te	xas Ethics Commission	www.e	thics.state.tx.u	S	Versio	n V4.1.0.5dd2ace2	

#### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

#### FORM C/OH **COVER SHEET PG 2** 3 of 39

13 C / OH NAME	Norman, Eric D. (Mr.)		14 Filer ID 00088117	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditur These expenditures may have been made without the d officeholders are required to report this information	he candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	)	<b>\$</b> 18,204.32
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				<b>\$</b> 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 5,247.68
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	<b>\$</b> 7,771.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ( TING PERIOD	OF THE LAST DAY	<b>\$</b> 0.00
17 AFFIDAVIT				
		l swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.	of perjury, that the ac information required t	companying report is o be reported by me
			Eric D. Norman Candidate or Officeho	lder
		Signature of	Currentle of Officerio	
AFFIX NOT	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
ot	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	er administering	Printed name of officer administering	Title of office	r administering oath
Forms provided by Tex	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

SUBTOTALS - C/OH	FORM C/OH OVER SHEET PG 3	
		4 of 39
18 FILER NAME Norman, Eric D. (Mr.)	19 Filer ID 00088117	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 12,177.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b>\$</b> 6,027.32
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 5,247.68
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 CONTRIBUTIO	DNS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 1/21 Rpt: 5/39	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Norman, Eric	: D. (Mr.)				00088117	
4	Date	5 Full name of contributor out-of-s	state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/18/2024	Adcock, Rick		······································			\$25.00
		6 Contributor address; City; State; Zip Co	nde				
		San Antonio, TX 78248					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Accountant			Schuh Browne P.C.			
⊨	Date	Full name of contributor out-of-s	state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/02/2024	Aguilar, Yumaira					\$250.00
		Contributor address; City; State; Zip Co	de				
		Carrollton, TX 75006					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Division Pres	sident		Spectrum Association N	1an	agement	
F	Date	Full name of contributor out-of-s	state PAC (ID#:	)		Amount of Contribution (\$)	
	02/09/2024	Anderson, Stephen					\$50.00
		Contributor address; City; State; Zip Co	ode				
		Seguin, TX 78155					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	retired			retired			
	Date	Full name of contributor out-of-s	state PAC (ID#:	)		Amount of Contribution (\$)	
	06/30/2024	Ashby, Odulia					\$100.00
		Contributor address; City; State; Zip Co	ode		1		
		Cibolo, TX 78108					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	retired			retired			
	Date	—	state PAC (ID#:	)		Amount of Contribution (\$)	
	06/05/2024	Barnes, Dale					\$5.00
		Contributor address; City; State; Zip Co	ode				
⊢	Data da el	Houston, TX 77077					
		pation / Job title (See Instructions)		Employer (See Instructions		noration	
	Financial Ma	nayer		First Sterling Ventures C	Jor	poration	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/21 Rpt: 6/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Norman, Eric	c D. (Mr.)			00088117	ŕ
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/23/2024	Barnes, Janice Lord				\$500.00
		6 Contributor address; City; State; Zip Code				
			ſ			
			ſ			
		Cuero, TX 77954	ſ			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/09/2024	Bischoff, Whitney				\$200.00
		Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/05/2024	Booker, Ollie				\$40.00
		Contributor address; City; State; Zip Code		1		
			ſ			
		Seguin, TX 78155				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/20/2024	Briers, Lewis (Mr.)				\$150.00
		Contributor address; City; State; Zip Code		1		
			ſ			
		Seguin, TX 78155				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/27/2024	Briers, Lewis (Mr.)				\$60.00
		Contributor address; City; State; Zip Code		1		
		Seguin, TX 78155				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			

SCHEDULE	A1
----------	----

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/21 Rpt: 7/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Norman, Eric	c D. (Mr.)			00088117	ŕ
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	04/27/2024	Buckley, Patti				\$15.00
		6 Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
Ē	Coordinator		RSVP America Reads	,		
⊨					Amount of Contribution (ft)	
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢200.00
	01/05/2024	Burton, Sydney				\$200.00
		Contributor address; City; State; Zip Code				
	<u> </u>	Seguin, TX 78155		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/19/2024	Calanche, Michael				\$100.00
		Contributor address; City; State; Zip Code		1		
		El Paso, TX 79928				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Border Patro	l Officer	United States Border Pa	atro	bl	
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/09/2024	Dolan, Diana				\$25.00
		Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/05/2024	Ewing, Barbara	)			\$50.00
	01,00,2021					\$00.00
		Contributor address, City, State, Zip Code				
		New Braunfels, TX 78130				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>լ</u> ։)		
I	retired		retired	')		
⊢	iouiou		louiou			
1						
1						

SCHEDULE	A1
----------	----

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/21 Rpt: 8/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Norman, Eric D. (Mr.)				00088117	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/22/2024	Farmer, Hannah			• •	\$25.00
		6 Contributor address; City; State; Zip Code				
		San Marcos, TX 78666				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Librarian		City of Seguin			
F	Date	Full name of contributor out-of-state PAC (ID#:_	·)	Γ	Amount of Contribution (\$)	
	06/12/2024	Felty, Heather				\$20.00
		Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Business Ov	vner	Self			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	04/27/2024	Fischer, Sheri				\$30.00
				1		
		New Braunfels, TX 78130				
Γ	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/05/2024	Ford, Curtis				\$50.00
		Contributor address; City; State; Zip Code		1		
		New Braunfels, TX 78130				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Engineer		Raytheon			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	02/09/2024	Ford, Curtis				\$50.00
		Contributor address; City; State; Zip Code		1		
		New Braunfels, TX 78130				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Engineer		Raytheon			
1						

SCHEDULE	A1
----------	----

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/21 Rpt: 9/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Norman, Eric	c D. (Mr.)			00088117	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	03/29/2024	Ford, Curtis	,			\$15.00
		6 Contributor address; City; State; Zip Code				
		New Braunfels, TX 78130				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ו</u> ג)		
Ē	Engineer	······	Raytheon	-,		
╞	_			<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>#</b> CO OO
	04/24/2024	Frels, Chris				\$60.00
		Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor Dut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/12/2024	Frels, Chris				\$30.00
		Contributor address; City; State; Zip Code		1		
		Seguin, TX 78155				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	04/11/2024	Gaytan, Paul				\$500.00
		Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Lawyer	· · · · · · · · · · · · · · · · · · ·	Self	,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	1	Amount of Contribution (\$)	
	06/08/2024	Full name of contributor out-of-state PAC (ID#: Greer, Michael (Dr.)	)			\$25.00
	00/00/2024					φ25.00
		Contributor address; City; State; Zip Code				
		Seattle WA 09101				
⊢	Drincipal	Seattle, WA 98101				
1		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	retired		retired			

				_		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/21 Rpt: 10/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Norman, Eric	c D. (Mr.)			00088117	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/05/2024	Greiser, Ingrid				\$50.00
		6 Contributor address; City; State; Zip Code		1		
	<u></u>	Seguin, TX 78155	1 <u>-</u> , <u>/o</u> hastausting	Ĺ		
	Principal occu Wine Sales	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
			King Estate Winery	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	1355.00
	03/29/2024					\$200.00
		Contributor address; City; State; Zip Code				
		Seguin, TX 78156				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	T moipai see.			"		
-	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Π	Amount of Contribution (\$)	
	02/09/2024	Herrera, Raymond	/		Allount of Contribution (4)	\$300.00
	02,00,222	Contributor address; City; State; Zip Code		•		+•••
		Seguin, TX 78155				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/05/2024	Herrin, Gene Ann				\$500.00
		Contributor address; City; State; Zip Code		1		
		Convin TV 701EE				
	Dringing occ	Seguin, TX 78155	Employer (See Instructions			
	retired	upation / Job title (See Instructions)	Employer (See Instructions retired	3)		
				<del></del>		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	01/19/2024	Herrin, Gene Ann				ΦΟΟ.ΟΟ
		Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired			

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 7/21 Rpt: 11/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Norman, Eric	c D. (Mr.)			00088117	
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	06/30/2024	Hottle, Diana				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Cibolo, TX 78108				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	02/09/2024	Huck, Darrell				\$200.00
		Contributor address; City; State; Zip Code		1		
		Seguin, TX 78155	-			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	—	#:)	Γ	Amount of Contribution (\$)	
	02/09/2024	Humphris, Betty				\$20.00
		Contributor address; City; State; Zip Code		1		
	Drive in all a servi	Seguin, TX 78155		Ĺ		
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	5)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	÷00.00
	06/13/2024	Humphris, Betty				\$60.00
		Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	د) ا		
	retired		retired	5)		
╞				Т	Array of Cantribution (f)	
	Date 03/29/2024	Full name of contributor out-of-state PAC (ID# Jimenez, Lisa	£:)		Amount of Contribution (\$)	\$20.00
	0312312024			-		φ20.00
		Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Human Reso		Alamo Group	,		
⊢			· ·			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/21 Rpt: 12/39
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Norman, Eri	c D. (Mr.)		00088117
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03/17/2024	Keddal, Mark		\$50.00
	6 Contributor address; City; State; Zip Code		
	Seguin, TX 78155		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/05/2024	Keddal, Sally		\$50.00
	Contributor address; City; State; Zip Code		
	Seguin, TX 78155		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired		retired	
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (#)
Date 06/23/2024	Full name of contributor out-of-state PAC (ID#: Kennard, Ellen	)	Amount of Contribution (\$) \$100.00
00/23/2024			\$100.00
	Contributor address; City; State; Zip Code		
	Gonzales, TX 78629		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/23/2024	Kittel, Suzanne		\$50.00
	Contributor address; City; State; Zip Code		
	Gonzales, TX 78629	i	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Business O		Self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/05/2024	Koehler, Jeff		\$100.00
	Contributor address; City; State; Zip Code		
	Seguin, TX 78155		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	(
Designer		Self	<i>''</i>

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/21 Rpt: 13/39 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Norman, Eric D. (Mr.) 00088117 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 02/16/2024 Kokinos, Robbin 6 Contributor address; City; State; Zip Code Sherwood, AR 72120 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/27/2024 Kokinos, Robbin Contributor address; City; State; Zip Code Sherwood, AR 72120 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/11/2024 Lambert, Tammi ..... Contributor address; City; State; Zip Code Cibolo, TX 78108 Principal occupation / Job title (See Instructions) Employer (See Instructions) Federal Employee GSA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/29/2024 Lambert, Tammi Contributor address; City; State; Zip Code

	Cibolo, TX 78108		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
Federal Emp	loyee	GSA	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/04/2024	Langford, Mary Jo		\$25.00
	Contributor address; City; State; Zip Code		
	Seguin, TX 78155		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
retired		retired	

\$50.00

\$15.00

\$100.00

\$50.00

_						
	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 10/21 Rpt: 14/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Norman, Eric	с D. (Mr.)			00088117	-
4	Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7	Amount of Contribution (\$)	
	06/09/2024	Langford, Mary Jo				\$400.00
		6 Contributor address; City; State; Zip Code				
		Seguin, TX 78155	<u> </u>			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	retired		retired	_		
	Date		(ID#:)		Amount of Contribution (\$)	
	06/30/2024					\$17.00
		Contributor address; City; State; Zip Code				
		Schertz, TX 78154				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u> (۲		
	retired		retired	ς,		
⊨	Date	Full name of contributor out-of-state PAC (	(ID#:)	Т	Amount of Contribution (\$)	
	06/18/2024	Linden, Greg	(ID#)			\$50.00
	00,20,212			·		T
		Berkeley, CA 94720				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Researcher		UC Berkeley			
	Date	Full name of contributor out-of-state PAC (	(ID#:)		Amount of Contribution (\$)	
	02/09/2024	Manning, Sylvia				\$125.00
		Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	retired		retired	5)		
╞		Full name of contributor Out-of-state PAC (		Т	Amount of Contribution (\$)	
	Date 02/11/2024	Full name of contributor out-of-state PAC ( Mendenhall, Daniel	(ID#:)			\$30.00
	021111202	Contributor address; City; State; Zip Code		·		Ψ00.00
		Commonitor address, City, State, Zip Code				
		Dallas, TX 75214				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Photographe	er.	Self			
			1			

The Instruc	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 11/21 Rpt: 15/39
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Norman, Eric	; D. (Mr.)		00088117
4 Date 06/05/2024	5 Full name of contributor out-of-state PAG Meyer, Kay	C (ID#:)	7 Amount of Contribution (\$) \$50
	6 Contributor address; City; State; Zip Code		•
	Schertz, TX 78154		
8 Principal occu Owner	pation / Job title (See Instructions)	9 Employer (See Instructions Nexus Horizons LLC	s)
Date	Full name of contributor out-of-state PAG	SC (ID#:)	Amount of Contribution (\$)
06/05/2024	Montgomery, Kenny		\$15
	Seguin, TX 78155		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Teacher		New Braunfels ISD	
Date	Full name of contributor out-of-state PAG	I .C. (ID#:)	Amount of Contribution (\$)
06/30/2024	Moreno, Felix		\$50
	Contributor address; City; State; Zip Code		
	Seguin, TX 78155		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Funeral Assi	stant	Tres Hewell Mortuary	
Funeral Assi	Stant Full name of contributor out-of-state PAG	Tres Hewell Mortuary	Amount of Contribution (\$)
		Tres Hewell Mortuary	Amount of Contribution (\$) \$50
Date	Full name of contributor out-of-state PAG	Tres Hewell Mortuary	
Date	Full name of contributor out-of-state PAG	C (ID#:)	\$50
Date 06/23/2024	Full name of contributor out-of-state PAG Moreno, Luz Contributor address; City; State; Zip Code Gonzales, TX 78629 pation / Job title (See Instructions)	Tres Hewell Mortuary	\$50 s)
Date 06/23/2024 Principal occu	Full name of contributor       out-of-state PAG         Moreno, Luz       Contributor address; City; State; Zip Code         Gonzales, TX 78629       pation / Job title (See Instructions)         Full name of contributor       out-of-state PAG	Tres Hewell Mortuary C (ID#:) Employer (See Instructions Communities in Schools	\$50 s)
Date 06/23/2024 Principal occu Mentor/Tutor Date	Full name of contributor out-of-state PAG Moreno, Luz Contributor address; City; State; Zip Code Gonzales, TX 78629 pation / Job title (See Instructions)	Tres Hewell Mortuary C (ID#:) Employer (See Instructions Communities in Schools	\$50 \$50 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Date 06/23/2024 Principal occu Mentor/Tutor Date	Full name of contributor       out-of-state PAG         Moreno, Luz       Contributor address; City; State; Zip Code         Gonzales, TX 78629       gation / Job title (See Instructions)         Full name of contributor       out-of-state PAG         Nieto, Alicia       Contributor address; City; State; Zip Code	Tres Hewell Mortuary C (ID#:) Employer (See Instructions Communities in Schools	\$50 \$50 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Date 06/23/2024 Principal occu Mentor/Tutor Date 06/10/2024	Full name of contributor       out-of-state PAG         Moreno, Luz       Contributor address; City; State; Zip Code         Gonzales, TX 78629       gation / Job title (See Instructions)         Full name of contributor       out-of-state PAG         Nieto, Alicia       contributor address; City; State; Zip Code         Seguin, TX 78155	Tres Hewell Mortuary         AC (ID#:)         Employer (See Instructions Communities in Schools         AC (ID#:)	\$50 s) S Amount of Contribution (\$) \$50
Date 06/23/2024 Principal occu Mentor/Tutor Date 06/10/2024	Full name of contributor       out-of-state PAG         Moreno, Luz       Contributor address; City; State; Zip Code         Gonzales, TX 78629       gation / Job title (See Instructions)         Full name of contributor       out-of-state PAG         Nieto, Alicia       Contributor address; City; State; Zip Code	Tres Hewell Mortuary C (ID#:) Employer (See Instructions Communities in Schools	\$50 s) S Amount of Contribution (\$) \$50

e Instruc	ction Guide explains how to co	mplete this for	rm.	1	Total pages Schedule A1: Sch: 12/21 Rpt: 16/39	
ER NAME				3	Filer ID (Ethics Commission	n Filers)
man, Eric	: D. (Mr.)				00088117	
e	5 Full name of contributor out-o		)	7	Amount of Contribution (\$)	
19/2024	Norman, Alessandra					\$25.00
		Code		ł		
	· · · · · · · · · · · · · · · · · · ·					
	Chicago, IL 60608					
		9				
odshop N	lanager		School of the Art Institut	te o	f Chicago	
е	Full name of contributor	of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
07/2024	Norman, Bertha					\$200.00
	Contributor address; City; State; Zip			1		
	McAllen, TX 78504					
	pation / Job title (See Instructions)			5)		_
red			retired			
е	Full name of contributor	of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
23/2024	Norman, Daniel					\$200.00
	Contributor address; City; State; Zip	Code		1		
	pation / Job title (See Instructions)			5)		
		L		<del></del>		
e		of-state PAC (ID#:	)		Amount of Contribution (\$)	
11/2024						\$100.00
	Contributor address; City; State; Zip	Code				
	Tompo A7 05202					
			Employer (See Instructions	<u> </u>		
				5)		
		L		<del></del>		
e		of-state PAC (ID#:	)		Amount of Contribution (\$)	÷=0.00
11/2024						\$50.00
	Contributor address; City; State; Zip	Code				
	ELPasa TV 70020					
			Employer (Soo Instructions	<u> </u>		
					,	
		L				
	ER NAME man, Eric 19/2024 cipal occur odshop M 207/2024 cipal occur red 23/2024 cipal occur red 23/2024 cipal occur red 23/2024 cipal occur red 23/2024	ER NAME         man, Eric D. (Mr.)         2       5         19/2024       5         6       Contributor address; City; State; Zip of Chicago, IL 60608         cipal occupation / Job title (See Instructions)         odshop Manager         9       Full name of contributor out-of Norman, Bertha         07/2024       Norman, Bertha         07/2024       McAllen, TX 78504         cipal occupation / Job title (See Instructions)         red       Full name of contributor out-of Norman, Daniel         Contributor address; City; State; Zip of McAllen, TX 78504         cipal occupation / Job title (See Instructions)         red       Full name of contributor out-of Norman, Daniel         Contributor address; City; State; Zip of McAllen, TX 78504         cipal occupation / Job title (See Instructions)         red       Full name of contributor out-of Norman, Jourdan         Contributor address; City; State; Zip of McAllen, TX 78504         cipal occupation / Job title (See Instructions)         red       Full name of contributor out-of Norman, Jourdan         Contributor address; City; State; Zip of Tempe, AZ 85282         cipal occupation / Job title (See Instructions)         ud Investigator         e       Full name of contributor	R NAME         man, Eric D. (Mr.)         a         b         19/2024         Chicago, IL 60608         cipal occupation / Job title (See Instructions)         odshop Manager         contributor address; City; State; Zip Code         chicago, IL 60608         cipal occupation / Job title (See Instructions)         odshop Manager         contributor address; City; State; Zip Code         McAllen, TX 78504         contributor address; City; State; Zip Code         McAllen, TX 78504         cipal occupation / Job title (See Instructions)         red         Full name of contributor         out-of-state PAC (ID#:	man, Eric D. (Mr.)		Schi: 12/21       Schi: 12/21

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/21 Rpt: 17/39	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Norman, Eric	c D. (Mr.)			00088117	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/18/2024	Overton, David				\$200.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78723				
8		upation / Job title (See Instructions)	9 Employer (See Instructions			
	Partner		Opus Faveo Innovation	De	velopment	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/02/2024	Patterson, Joe				\$20.00
		Contributor address; City; State; Zip Code		1		
		Seguin, TX 78155				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	02/24/2024	Ponce, Francisco				\$500.00
		Contributor address; City; State; Zip Code		1		
		Bullard, TX 75757	1			
	•	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist		UT Health East Texas	-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/05/2024	Ray, Sally		]		\$1,000.00
		Contributor address; City; State; Zip Code		]		
		Seguin, TX 78155				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	د) ا		
	retired		retired	5)		
╞				Τ	Amount of Contribution (¢)	
	Date 01/01/2024	Full name of contributor out-of-state PAC (ID#: Roberson, Karen	)		Amount of Contribution (\$)	\$25.00
	01/01/2024			-		φ20.00
		Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u> د)		
	retired		retired	5)		
⊢						

т	he Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/21 Rpt: 18/39	
2 F	ILER NAME			3	Filer ID (Ethics Commission	n Filers)
	lorman, Erio				00088117	
4 D	ate	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
0	6/05/2024	Roberson, Karen				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Seguin, TX 78155	1			
		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
re	etired		retired			
	ate	Full name of contributor out-of-state PAC (ID#:_	)	Ţ	Amount of Contribution (\$)	
0	2/28/2024	Rodriguez, Carlos (Mrs.)				\$250.00
		Contributor address; City; State; Zip Code		]		
	's shad ooou	Spring, TX 77379		Ĺ		
	rincipal occu ales	ipation / Job title (See Instructions)	Employer (See Instructions Bruegmann USA	5)		
				1		
	ate	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	±000.00
U.	2/29/2024	Rodriguez, Jocelyn				\$260.00
		Contributor address; City; State; Zip Code				
		Spring, TX 77379				
P	rincipal occu	upation / Job title (See Instructions)	Employer (See Instructions	L		
	eacher		Prosper ISD	,		
D	ate	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
0	6/27/2024	Rosales, Wanda				\$20.00
		Contributor address; City; State; Zip Code		1		
			ſ			
		Seguin, TX 78155				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
re	etired		retired			
	ate	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
0	1/05/2024	Saenz, Jose (Colonel)				\$200.00
		Contributor address; City; State; Zip Code		]		
	turinal agen	Seguin, TX 78155		Ĺ		
	rıncıpal occu etired	ipation / Job title (See Instructions)	Employer (See Instructions retired	5)		
			leureu			
1						1

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/21 Rpt: 19/39	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Norman, Eric	c D. (Mr.)			00088117	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	02/02/2024	Salt, Linda				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Seguin, TX 78155	-			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	01/05/2024	Schlegel, Joan				\$30.00
		Contributor address; City; State; Zip Code				
		Coquin TV 70165				
┝	Dringing occu	Seguin, TX 78155 Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired	5)		
╞				1		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	ቀርብ በብ
	02/09/2024	Schnuriger, Jeanne				\$50.00
		Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	01/29/2024	Scott, Milda				\$20.00
		Contributor address; City; State; Zip Code		1		
		Cibolo, TX 78108				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	02/29/2024	Scott, Milda				\$20.00
		Contributor address; City; State; Zip Code		]		
┝	Drinsipal acou	Cibolo, TX 78108				
	Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions retired	5)		
	leureu		leureu			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/21 Rpt: 20/39	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Norman, Eric	c D. (Mr.)			00088117	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	03/29/2024	Scott, Milda				\$20.00
		6 Contributor address; City; State; Zip Code				
		Cibolo, TX 78108				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/30/2024	Scott, Milda				\$20.00
		Contributor address; City; State; Zip Code				
		Cibolo, TX 78108				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	retired		retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/29/2024	Scott, Milda				\$20.00
		Contributor address; City; State; Zip Code				
		Cibolo, TX 78108				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/29/2024	Scott, Milda				\$20.00
		Contributor address; City; State; Zip Code				
		Cibolo, TX 78108				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/29/2024	Scott, Milda				\$20.00
		Contributor address; City; State; Zip Code		1		
		Cibolo, TX 78108				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
1						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/21 Rpt: 21/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Norman, Eric	c D. (Mr.)			00088117	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/17/2024	Shattuck, Lola				\$25.00
	I	6 Contributor address; City; State; Zip Code		1		
	Drive sized, oppy	Seguin, TX 78155				
8	Principal occu retired	ipation / Job title (See Instructions)	9 Employer (See Instructions retired	S)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 25 00
	06/17/2024	Shattuck, Lola				\$25.00
		Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	L s)		
	retired		retired			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	05/08/2024	Skinner, Matt			· · · · · · · · · · · · · · · · · · ·	\$25.00
	I	Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Aviation		COA	-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	_
	01/21/2024	Slyter, Adam				\$100.00
		Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L s)		
	Hotel Manag		White Lodging	-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/27/2024	Stalsworth, Wayne				\$20.00
	I	Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			

	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 18/21 Rpt: 22/39		
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
	Norman, Eric	c D. (Mr.)		00088117	ŕ	
4	Date	5 Full name of contributor Out-of-state PAC (ID#	t: )	7	Amount of Contribution (\$)	
	01/27/2024	Tate, Sharon				\$250.00
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Seguin, TX 78155				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	03/01/2024	Tate, Sharon				\$250.00
		Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Seguin, TX 78155				
	Principal occu	pation / Job title (See Instructions)	5)			
	retired		retired			
F	Date Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	
	05/06/2024 Tate, Sharon					\$250.00
		Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
	Principal occupation / Job title (See Instructions) Employer (See Instruction		Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#	±)		Amount of Contribution (\$)	
	06/27/2024	Tate, Sharon				\$250.00
		Contributor address; City; State; Zip Code				
		Seguin, TX 78155				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	)		Amount of Contribution (\$)	
	02/10/2024	Thadden, Monique				\$75.00
	Contributor address; City; State; Zip Code		1			
L		Seguin, TX 78155				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired					

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

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

1

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 21/21 Rpt: 25/39		
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
	Norman, Eri				00088117	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/17/2024	Welborn, Darlene				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Seguin, TX 78155				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	02/09/2024	Westerfield, Rhonda				\$100.00
		Contributor address; City; State; Zip Code		1		
		Seguin, TX 78155				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	06/18/2024	Williams, Elizabeth	)			\$25.00
	00/10/2021					\$20.00
		Contributor address, City, State, Zip Code				
		Alamogordo, NM 88310				
	Principal occupation / Job title (See Instructions) Employer (See Instruction					
	retired		retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	01/05/2024	Windle, Wayne	/			\$100.00
		Contributor address; City; State; Zip Code		ł		
		Seguin, TX 78155				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Commercial		Self	,		

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A	2
------------	---

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 26/39					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Norman, Eri	ic D. (Mr.)		00088117				
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$ 0.00					
5 Date 03/14/2024	<ul> <li>Full name of contributor out-of-state PAC (ID#:</li> <li>Ford, Scott</li> <li>7 Contributor address; City; State; Zip Code</li> </ul>	)	<ul> <li>8 Amount of contribution (\$) description</li> <li>\$68.40 I Campaign signs</li> </ul>				
	New Braunfels, TX 78130		Check if travel outside of Texas. Complete Schedule T.				
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)				
Owner		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 contributo	or'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 out-of-state PAC (ID#: Ford, Scott Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$68.40 I Campaign signs				
	New Braunfels, TX 78130		Check if travel outside of Texas. Complete Schedule T.				
Principal occu Owner	upation / Job title (FOR NON-JUDICIAL) (See instructions)	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       Full name of contributor       out-of-state PAC (ID#:         04/02/2024       Ford, Scott         Contributor address; City; State; Zip Code		)	Amount of In-kind contribution contribution (\$) description \$136.80 I Campaign signs				
	New Braunfels, TX 78130		Check if travel outside of Texas. Complete Schedule T.				
Principal occu Owner	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Self	-JUDICIAL) (See instructions)				
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 Instru	ction Guide explains how to complete this f	1	1 Total pages Schedule A2: Sch: 2/2 Rpt: 27/39				
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)				
Norman, Eri	c D. (Mr.)		00088117				
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	0.00				
5 Date	6 Full name of contributor 🔲 out-of-state PAC (ID#:	)	8	Amount of <b>9</b> In-kind contribution			
06/28/2024	Ford, Scott			contribution (\$) description \$273.60 Campaign signs			
	7 Contributor address; City; State; Zip Code						
	New Braunfels, TX 78130			Check if travel outside of Texas. Complete Schedule T.			
<b>10</b> Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JU	JDICIAL) (See instructions)			
Owner		Self					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FC	DR JUDICIAL) (See instructions)			
			<u> </u>				
14 Contributor's	employer/law firm (FOR JUDICIAL)	<b>15</b> 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)						
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)		Amount of In-kind contribution			
06/23/2024	Messman, Yolanda			contribution (\$) description			
	Contributor address; City; State; Zip Code			\$80.12   refreshments for Meet and Greet			
	Nixon, TX 78140			Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JL	JDICIAL) (See instructions)			
retired		retired					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	tor's spouse (if any) (FOR JUDICIAL)				
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	is a child, law limit of parent(s) (if any) (FOR JODICIAL)						
			_				
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of In-kind contribution contribution (\$) description			
02/11/2024	Rodriguez, Joanna (Mrs.)			\$5,400.00 design of campaign			
	Contributor address; City; State; Zip Code			branding, newspaper ad,			
				and website			
	Seguin, TX 78155			Check if travel outside of Texas. Complete Schedule T.			
· ·	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Ellucian	I-JL	JDICIAL) (See instructions)			
Graphic Des							
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FC	OR JUDICIAL) (See instructions)			
		Laurence de la					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	itor's spouse (if any) (FOR JUDICIAL)				
المتعالية والمتعادية الم	is a shild low firm of paramt(s) (fam.) (FOD 11010111)						
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
1								
	Sch: 1/12 Rpt: 28/39	Norman, Eric D. (Mr.) 00088117						
4	Date	5 Payee name						
	01/07/2024	ActBlue Technical Services						
6	Amount (\$) \$7.52	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144						
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Service Fee</li> </ul> </li> </ul>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	01/21/2024	ActBlue Technical Services						
_	Amount (\$)	Payee address; City; State; Zip Code						
	\$3.95	366 Summer Street Somerville, MA 02144						
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Solicitation/Fundraising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Service Fee</li> </ul>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	01/28/2024	ActBlue Technical Services						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$9.88	366 Summer Street						
	DUDDOOF	Somerville, MA 02144						
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Service Fee</li> </ul> </li> </ul>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

_											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services	als Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense bense		Transportation I Travel in Distric Travel Out of Di		
-	<b>T</b> · · · · · · · · · · · · · · · · · · ·							1.			_
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/12 Rpt: 29/39		Norman, Ei	ic D. (Mr.)					00088117		
4	Date	5	Payee name								
	01/29/2024			chnical Service	es						
_		<u> </u>									4
6	Amount (\$)	7	Payee addre	-	State	; Zip Co	de				
	\$0.00		366 Summ	er Street							
			Somerville,	MA 02144							
8	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	iedule)	(b) Description				
	OF EXPENDITURE		Solicitation	Fundraising E	xpense					nplete Schedule T.	
								n, TX	, officeholder livin	g expense	
							Service Fee				
9	Complete ONLY if direct	. (	Candidate/Off	iceholder name	(	Office sou	ght		Office h	eld	
	expenditure to benefit C/OI	Н									
		-									_
	Date		Payee name								
	02/02/2024		ActBlue Te	chnical Service	es						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$1.78		366 Summ	er Street							
	\$1.10		ooo oumm								
			Somerville,	MA 02144							
	PURPOSE	(a)	Category (s	ee Categories listed a	at the ton of this sch	edule)	(b) Description				
	OF			Fundraising E		ouulo)		l outs	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE			- and along _	, poneo		Check if Austir	n, TX	, officeholder livin	g expense	
							Service Fee				
	Complete ONLY if direct		`andidata/∩ff	ceholder name		Dffice sou	ht		Office h	old	$\neg$
	expenditure to benefit C/OI				· · · · ·	Jince Sou	JIIC		Onice II	eiu	
	Date		Payee name								
	02/11/2024		ActBlue Te	chnical Service	es						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				-
	\$13.05		366 Summ		Olato	, <u>L</u> ip 00					
	\$13.05		Soo Summ								
			Somerville,	MA 02144							
-	PURPOSE	(a)	Category /~	ee Categories listed a	at the ten of this '	odule)	(b) Description				
	OF	(")		-		iedule)		louts	ide of Texas, Con	nplete Schedule T.	
	EXPENDITURE		Sulcitation	Fundraising E	xpense				, officeholder livin	•	
							Service Fee				
_											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Off	iceholder name	(	Office sou	gnt		Office h	eid	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
1								
	Sch: 3/12 Rpt: 30/39	Norman, Eric D. (Mr.) 00088117						
4	Date	5 Payee name						
	02/18/2024	ActBlue Technical Services						
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144						
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Service Fee</li> </ul> </li> </ul>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	02/25/2024	ActBlue Technical Services						
_	Amount (\$)	Payee address; City; State; Zip Code						
	\$19.75	366 Summer Street Somerville, MA 02144						
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Solicitation/Fundraising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Service Fee</li> </ul>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	03/03/2024	ActBlue Technical Services						
-	Amount (\$)	Payee address; City; State; Zip Code						
	\$30.82	366 Summer Street						
	DUDDOOF	Somerville, MA 02144						
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Solicitation/Fundraising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Service Fee</li> </ul>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment										
	Tatal a succe Oak adult 51										
1	Total pages Schedule F1:										
	Sch: 4/12 Rpt: 31/39	Norman, Eric D. (Mr.) 00088117									
4	Date	5 Payee name									
	03/24/2024	ActBlue Technical Services									
	A (A)										
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$4.94	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									
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/OF	-									
_											
	Date Payee name										
	03/31/2024 ActBlue Technical Services										
	Amount (\$) Payee address; City; State; Zip Code										
	\$2.77 366 Summer Street										
		Somerville, MA 02144									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF	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/OF										
	Date	Payee name									
	05/05/2024	ActBlue Technical Services									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$0.79	366 Summer Street									
	ψ0.79	Soo 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.										
	Service Fee										
_	0 1. 0										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held									
		·									

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

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
_	Tatal was a Oak adula E1.								
1	Total pages Schedule F1:								
	Sch: 7/12 Rpt: 34/39	Norman, Eric D. (Mr.) 00088117							
4	Date	5 Payee name							
	02/10/2024	Costco Wholesale							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
0									
	\$65.75	15330 IH-35 North							
		Selma, TX 78154							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
-	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Postage							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
Ŭ	expenditure to benefit C/Oł								
	-								
	Date Payee name								
	01/16/2024 Gartner Studios								
	Amount (\$)	Payee address; City; State; Zip Code							
	\$55.93 201 S. Main Street								
		Ctilluctor MNI FEOD							
		Stillwater, MN 55082							
	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							
		Thank You Cards							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	experiature to benefit C/Or								
	Date	Payee name							
	01/13/2024	Guadalupe County Democratic Club							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$62.50	PO Box 2501							
		Seguin, TX 78156							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Contributions/Donations Made By							
	EXPENDITURE	Candidate/Officeholder/Political Committee							
		MLK Banquet Ticket							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/Oł								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
	Total names Cabadula E1.	· · · ·								
1	Total pages Schedule F1:									
	Sch: 8/12 Rpt: 35/39	Norman, Eric D. (Mr.) 00088117								
4	Date	5 Payee name								
	03/14/2024	Guadalupe Printing Solutions								
_										
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$341.97	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.								
	EXPENDITORE	Check if Austin, TX, officeholder living expense								
		Yard Signs								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
ľ	expenditure to benefit C/OI									
	Date	Payee name								
	03/20/2024	Guadalupe Printing Solutions								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$341.97									
	\$341.9 <i>1</i>	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								
		Yard Signs								
		r dru Signs								
	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI									
	Date	Payee name								
	04/02/2024	Guadalupe Printing Solutions								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$683.94	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.								
		Yard Signs								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/Oł									
-										

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
-	Tatal pages Cabadula 51.	2 Eller ID (Ethios Commission Eilers)							
T	Total pages Schedule F1:								
	Sch: 9/12 Rpt: 36/39	Norman, Eric D. (Mr.) 00088117							
4	Date	5 Payee name							
	04/02/2024	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	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Printing Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Name Badge, Business Cards</li> </ul> </li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held							
	Date Payee name								
	05/20/2024 Guadalupe Printing Solutions								
	Amount (\$) Payee address; City; State; Zip Code								
	\$216.21	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         Printing Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Invitation printing								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	06/28/2024	Guadalupe Printing Solutions							
	Amount (\$) \$1,625.57	Payee address;     City;     State;     Zip Code       107 North Camp Street							
	DUDDOGS	Seguin, TX 78155							
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Printing Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Yard Signs and Flyers</li> </ul> </li> </ul>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       gitt/Awards/Memorials Expense     Printing Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	2 FILER NAME 3 Filer ID							(Ethics Commission Filers)	
	Sch: 10/12 Rpt: 37/39		Norman, Eric D. (Mr.) 00088117								
4	Date	5	Payee name								
	06/29/2024		HEB								
6	Amount (\$)	7	' Payee address; City; State; Zip Code								
	\$8.92		1340 E. Court Street								
			Seguin, TX 78155								
8	PURPOSE	(a)	-	ories listed at the top of this	cobodulo)	(b)	Description				
	OF		Food/Beverage E		scriedule)			outsid	de of Texas. Comp	lete Schedule T.	
	EXPENDITURE		i i i i i i i i i i i i i i i i i i i						officeholder living	expense	
							Water for volu	unte	eers		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Office sou	ıght			Office he	ld	
	Date Payee name										
	06/21/2024 KWED - Seguin Daily News										
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$100.00     609 E. Court Street										
	Seguin, TX 78155										
	PURPOSE	(a)	-			(b)	Description				
	OF	(~)	Event Expense	ories listed at the top of this	schedule)	()	·	outsid	de of Texas. Comp	lete Schedule T.	
	EXPENDITURE						Check if Austin,	, TX,	officeholder living	expense	
	Booth Registration Fee										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Office sou	ight			Office he	ld	
	Data	_									
	Date 06/29/2024		Payee name Matador Food Ma	rt							
						! .					
	Amount (\$)		Payee address; 945 S. Austin Stre		ate; Zip Co	bae					
	\$2.99		945 5. Austin Sire	el							
			Seguin, TX 78155	5							
	PURPOSE	(a)	Category (See Catego	pries listed at the top of this	schedule)	(b)	Description				
	OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.										
	Check if Austin, 1X, officenoider living expense										
	Ice for Drinks at Event										
	Complete ONU V if dire at	Ľ	Condidate (Office ball	or nomo	Office eco				Office		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold		Office sou	ignt			Office he	iu	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     S       Fees     Office Overhead/Rental Expense     T       Food/Beverage Expense     Polling Expense     T       y -     Gift/Awards/Memorials Expense     T						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME	Ξ				3	Filer ID	(Ethics Commission Filers)	
	Sch: 11/12 Rpt: 38/39		Norman, Eric D. (Mr.) 00088117								
4	Date	5	Payee name								
	01/21/2024		Office Depot								
6	Amount (\$)	7	Payee addre	ess; City;	State;	; Zip Co	de				
	\$9.19		1500 E. Court Street								
			Seguin, TX	78155							
8	PURPOSE	(a)	Category (S	ee Categories listed at the	e top of this sch	edule)	(b) Description				
	OF		Event Expe			,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		•				Check if Austin	, TX,	officeholder living	expense	
							Name badge	S			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	C	Dffice sou	ght		Office he	eld	
	Date Payee name										
	02/02/2024		Seguin Gaz	zette							
	Amount (\$)	-	-		State	· Zin Co	ha				
Amount (\$) Payee address; City; State; Zip Code											
	\$414.00		805 E. Cou	n Street							
			Seguin, TX	78155							
	PURPOSE	(a)	Category (S	ee Categories listed at the	e top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Advertising	Expense					de of Texas. Com		
								, TX,	officeholder living	expense	
	1/4 page ad										
	Complete ONLY if direct	-	Candidate/Off	iceholder name	C	Office sou	ght		Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	01/30/2024		Squarespa								
		-			Ctoto	Tin Co	do				
	Amount (\$)		Payee addre			; Zip Co	ue				
	\$264.80		225 Varick	Street, 12th Floor	ſ						
			New York,	NY 10014							
	PURPOSE	(a)	Category (S	ee Categories listed at the	e top of this sch	edule)	(b) Description				
	OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.							plete Schedule T.			
	EXPENDITURE Check if Austin, TX, officeholder living expense										
							Domain regis	stry	and hosting		
	Complete ONLY if direct	<u> </u>	Candidate/Off	iceholder name	C	Office sou	ght		Office he	ld	
	expenditure to benefit C/OI						-				
-											

Expenditure categories for Box 8(a)           Event Expense         Loan Repayment/Reimbursement         Solicitation/Fundraising Expense           Fees         Office Overhead/Rental Expense         Transportation Equipment & Related Expense           Food/Beverage Expense         Polling Expense         Travel in District           Glft/Awards/Memorials Expense         Printing Expense         Travel Out of District           I Committee         Legal Services         Salaries/Wages/Contract Labor         OTHER (enter a category not listed above)							
2 FILER NAME 3 Filer ID	(Ethics Commission Filers)						
	(						
<ul> <li>Payee name</li> <li>Texas Democratic Party</li> </ul>							
7 Payee address; City; State; Zip Code 314 E. Highland Mall Boulevard Suite 508 Austin, TX 78752							
(a) Category (See Categories listed at the top of this schedule) Fees (b) Description (check if travel outside of Texas. Com Check if Austin, TX, officeholder living Voter File Access							
Candidate/Officeholder name Office sought Office he OH	eld						
Payee name							
Date Payee name 04/05/2024 U.S. Postal Service							
531 West Court Street Seguin, TX 78155							
<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Com</li> <li>Check if Austin, TX, officeholder living</li> <li>1-year post office box renew</li> </ul> </li> </ul>	expense						
Candidate/Officeholder name Office sought Office he	eld						
DH	Lear Expanse Travel Dusmet Travelousement Travelousement Travelousement Travelousement Travelousement Travelouse Dusmet Travelouse The Instruction Guide explains how to complete this form.  2 FILER NAME Norman, Eric D. (Mr.)  3 Filer ID 00088117  5 Payee name Texas Democratic Party  7 Payee address; City; State; Zip Code 314 E. Highland Mall Boulevard Suite 508 Austin, TX 78752  (a) Category (see Categories listed at the top of this schedule) Fees Candidate/Officeholder name U.S. Postal Service Payee address; City; State; Zip Code 314 E. Vigting Expense Candidate/Officeholder name U.S. Postal Service Payee address; City; State; Zip Code 314 C. Highland Mall Boulevard (b) Description Check if Austin, TX, officeholder fusion Voter File Access (c) Candidate/Officeholder name (c) Candidate/O						