CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| <u> </u> | Filer ID (Ethi | ics Commission Filers) | 2 Total pages filed: | | OFFICE | JSE ONLY |
|----------|---|---|---|--|--|------------------------|
| | 00088117 | , | 22 | | Date Received | JSE ONE I |
| 3 | CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Eric D. | MI | ELECTRONICA 11/15/2024 | ALLY FILED |
| | | NICKNAME | LAST | SUFFIX | | |
| 4 | ORIGINAL | January 15 | Norman Oth | er (specify) | Date Hand-delivered or | Date Postmarked |
| | REPORT TYPE | July 15 | Exceeded modified reporting limit | | Receipt # | Amount |
| | | 30th day before election | 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) | | Date Processed | |
| 5 | ORIGINAL PERIOD COVERED | Month Day Yea 09/27/2024 | | Year 24 | Date Imaged | |
| 6 | EXPLANATION OF C | ORRECTION | | | | |
| | -a \$491 expense for N Upon finding these er | from 10/5/24 I didn't notice Meta ads on 10/24 I someh | ow failed to enter. my reports and verified every single con | tribution/expenditu | ıre to ensure there w | ere no other errors. |
| 7 | AFFIDAVIT | | I swear, or affirm, unde and correct. | er penalty of perjui | ry, that this corrected | report is true |
| | | | Check the box next to | any and all applica | able statements: | |
| | | | was made in goo | | or affirm that the originate an intent to mislead in the report. | |
| | | | report not later the that the report as | nan the 14th busin s originally filed is i that any error or o | n, that I am filing this ess day after the dat inaccurate or incomp mission in the report | e I learned lete. I |
| | | | | Mr. Eric D. I | Norman | |
| | AFFIX NOTARY ST | AMP / SEAL ABOVE | Sign | nature of Candidat | te or Officeholder | |
| | Sworn to and subsc | ribed before me, by the said | 1 | , this | the | dov |
| | of | , 20, to cert | ny which, withess my hand and seal of d | ffice. | | day |

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 com | plete this form. | 1 Filer ID (Ethics Comm 00088117 | | 2 Total pages filed: 22 | |
|-------------------------------|---------------------------|--------------------|--|-----------------------------------|--------------------------------------|-------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE USE ONL | Υ. |
| OFFICEHOLDER NAME | Mr. | Eric D. | | | Date Received | |
| | | | | | ELECTRONICALLY FILE | :D |
| | NICKNAME | LAST | | SUFFIX | 11/15/2024 | |
| | NICKNAME | Norman | | SUFFIX | 11/10/2021 | |
| | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; AP | PT / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered or Date Postmarl | ked |
| MAILING | P.O. Box 141 | | | | Receipt # Amount | |
| ADDRESS | | | | | , and and | |
| Change of Address | Seguin, TX 78156 | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| | | | | | | |
| 5 CAMPAIGN TREASURER | MS / MRS / MR | FIRST | | MI | | |
| NAME | Mr. | Eligio | | | | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Guerrero Loza | | | | |
| | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO P | O BOX PLEASE); | AP | T / SUITE #; CITY; | STATE; ZIF | PCODE |
| TREASURER ADDRESS | P.O. Box 141 | | | | | |
| (Residence or Business) | | | | | | |
| (ricelacines of Eucliness) | Seguin, TX 78156 | | | | | |
| | | | | | | |
| 7 CAMBAICN | AREA CODE PHO | | VIENCION | | | |
| 7 CAMPAIGN TREASURER | | ONE NUMBER E | EXTENSION | | | |
| PHONE | (830) 719-4310 | | | | | |
| 8 REPORT | + | | | | | |
| TYPE | January 15 | 30th day before | election | Runoff | 15th day after campaign treasu | urer |
| | | | | | appointment (officeholder only) | |
| | July 15 | X 8th day before 6 | election | Exceeded modified reporting limit | Final Report (Attach C/OH-FR) |) |
| • 555105 | M 11 5 Y | | | | | |
| 9 PERIOD COVERED | Month Day Year | | IROUGH | Month Day | Year | |
| 0012.12 | 09/27/2024 | In | IROUGH | 10/26/202 | 4 | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| 10 ELECTION | Month Day Year | , | rimary | Runoff | Other | |
| | 11/05/2024 | | - | | | |
| | ,_,_, | X G | eneral | Special | | |
| | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | | |
| | | | | State Represent | ative District 44 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO T | O PAGE 2 | | | |
| | | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 22

| FROM POLITICAL COMMITTEE(S) Additional Pages | candidate / officeholder. consent. Candidates an COMMITTEE TYPE X GENERAL SPECIFIC 1. TOTAL UNITEM OR GUARANTE | political contributions accepted or political expenditures made by political contributions accepted or political expenditures made by political contributions are required to report this information only if they receive not diffice difficeholders are required to report this information only if they receive not committee NAME Blue Horizon Texas PAC COMMITTEE ADDRESS PO Box 780162 San Antonio, TX 78278 COMMITTEE CAMPAIGN TREASURER NAME Barnett, Claire COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 780162 San Antonio, TX 78278 IZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, EES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | cholder's knowledge or tice of such expenditures |
|--|--|--|--|
| POLITICAL COMMITTEE(S) Additional Pages 16 CONTRIBUTION TOTALS | candidate / officeholder. consent. Candidates an COMMITTEE TYPE X GENERAL SPECIFIC 1. TOTAL UNITEM OR GUARANTE | These expenditures may have been made without the candidate's or office d officeholders are required to report this information only if they receive not committee NAME Blue Horizon Texas PAC COMMITTEE ADDRESS PO Box 780162 San Antonio, TX 78278 COMMITTEE CAMPAIGN TREASURER NAME Barnett, Claire COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 780162 San Antonio, TX 78278 IZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, | cholder's knowledge or tice of such expenditures |
| 16 CONTRIBUTION TOTALS | X GENERAL SPECIFIC 1. TOTAL UNITEM OR GUARANTE | Blue Horizon Texas PAC COMMITTEE ADDRESS PO Box 780162 San Antonio, TX 78278 COMMITTEE CAMPAIGN TREASURER NAME Barnett, Claire COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 780162 San Antonio, TX 78278 MIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, | |
| 16 CONTRIBUTION TOTALS | SPECIFIC 1. TOTAL UNITEM OR GUARANTE | COMMITTEE ADDRESS PO Box 780162 San Antonio, TX 78278 COMMITTEE CAMPAIGN TREASURER NAME Barnett, Claire COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 780162 San Antonio, TX 78278 MIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, | |
| TOTALS | SPECIFIC 1. TOTAL UNITEM OR GUARANTE | PO Box 780162 San Antonio, TX 78278 COMMITTEE CAMPAIGN TREASURER NAME Barnett, Claire COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 780162 San Antonio, TX 78278 MIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, | |
| TOTALS | 1. TOTAL UNITEM OR GUARANTE | San Antonio, TX 78278 COMMITTEE CAMPAIGN TREASURER NAME Barnett, Claire COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 780162 San Antonio, TX 78278 MIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, | |
| TOTALS | OR GUARANTE | COMMITTEE CAMPAIGN TREASURER NAME Barnett, Claire COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 780162 San Antonio, TX 78278 MIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, | |
| TOTALS | OR GUARANTE | Barnett, Claire COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 780162 San Antonio, TX 78278 MIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, | |
| TOTALS | OR GUARANTE | COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 780162 San Antonio, TX 78278 MIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, | |
| TOTALS | OR GUARANTE | PO Box 780162 San Antonio, TX 78278 MIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, | |
| TOTALS | OR GUARANTE | San Antonio, TX 78278 MIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, | |
| TOTALS | OR GUARANTE | I IIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, | |
| TOTALS | OR GUARANTE | I IIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, | |
| | OR GUARANTE | , , , | |
| EXPENDITURE | 2. TOTAL POLITIC | | \$ 0. |
| EXPENDITURE | | CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 17,622. |
| TOTALS | 3. TOTAL UNITEM | IIZED POLITICAL EXPENDITURES | \$ 0. |
| | 4. TOTAL POLITION | CAL EXPENDITURES | \$ 8,272. |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | CAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE ERIOD | \$ 10,123. |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY RTING PERIOD | \$ 0. |
| 17 AFFIDAVIT | | I swear, or affirm, under penalty of perjury, that the acc true and correct and includes all information required to under Title 15, Election Code. | |
| | | Mr. Eric D. Norman | |
| | | Signature of Candidate or Officehold | der |
| AFFIX NOT | ГАRY STAMP / SEAL AB | OOVE | |
| Sworn to and subsc | cribed before me, by the s | said, this the | day |
| of | , 20, to c | ertify which, witness my hand and seal of office. | |
| Signature of office | er administering | Printed name of officer administering Title of officer | administering oath |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | | 4 of 22 | |
|-----------------------|--|-----------------|---------|----------------------|--|
| 18 FILER NAI | | 19 Filer ID | (Ethics | s Commission Filers) | |
| Norman, | 00088117 | | | | |
| 20 SCHEDUL NAME OF | s | SUBTOTAL AMOUNT | | | |
| 1. X | \$ | 12,919.26 | | | |
| 2. X | 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | | | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | | |
| 4. | SCHEDULE E: LOANS | | \$ | | |
| 5. X | 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | | | |
| 6. | 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | | |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER | RETURNED | \$ | | |
| | | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | Ν | S | | SCHEDUL | E A1 |
|---|-------------------------------|---|-------------------------|-----|------------------------------------|----------|--|-------------|
| | The Instruc | ction Guide explains hov | to complete this fo | orr | n. | 1 | Total pages Schedule A1: Sch: 1/7 Rpt: 5/22 | |
| 2 | FILER NAME Norman, Eric | c D. (Mr.) | | | | 3 | Filer ID (Ethics Commission 00088117 | n Filers) |
| 4 | Date 10/15/2024 | 5 Full name of contributor Anderson, Stephen6 Contributor address; City; S | out-of-state PAC (ID#: | |) | 7 | Amount of Contribution (\$) | \$100.00 |
| _ | Deignaignal | Seguin, TX 78155 | | | Franks or (Cook batturations | | | |
| 8 | retired | pation / Job title (See Instruction: | 5) | 9 | Employer (See Instructions retired | s) | | |
| | Date 10/12/2024 | Full name of contributor Bearce, Amy Contributor address; City; S | | |) | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu | Schertz, TX 78154 pation / Job title (See Instructions | 5) | | Employer (See Instructions | <u> </u> | | |
| | Freelance W | | , | | Self | , | | |
| | Date 10/13/2024 | Full name of contributor Brannen, Jodi (Dr.) Contributor address; City; S | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$250.00 |
| | | Seguin, TX 78155 | | | | | | |
| | Principal occu Physician | pation / Job title (See Instructions | 5) | | Employer (See Instructions Self | s) | | |
| | Date 10/13/2024 | Full name of contributor Castillo II, Pablo Contributor address; City; S San Marcos, TX 78666 | | |) | | Amount of Contribution (\$) | \$264.26 |
| | Principal occu Business Ow | pation / Job title (See Instructions vner | \$) | | Employer (See Instructions Self | 5) | | |
| | Date 10/21/2024 | Full name of contributor Clark, Madison Contributor address; City; S Seguin, TX 78155 | out-of-state PAC (ID#:_ | |) | • | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Yoga/Dance | pation / Job title (See Instructions Instructor | 5) | | Employer (See Instructions Self | s) | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | ΓΙΟΝ | IS | | SCHEDUL | E A1 |
|---|----------------------------|--|----------|---|----|--|-------------|
| | The Instruc | ction Guide explains how to complete th | is for | m. | 1 | Total pages Schedule A1: Sch: 2/7 Rpt: 6/22 | |
| 2 | FILER NAME Norman, Eric | c D. (Mr.) | | | 3 | Filer ID (Ethics Commissio 00088117 | n Filers) |
| 4 | Date 10/12/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$15.00 |
| _ | Deignigal | Schertz, TX 78154 | <u> </u> | Faralousy (Coolington ations | | | |
| 8 | retired | pation / Job title (See Instructions) | 9 | Employer (See Instructions retired | 5) | | |
| | Date 10/26/2024 | Full name of contributor out-of-state PAC (I Durain, Dawn Contributor address; City; State; Zip Code | | | • | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Seguin, TX 78155 pation / Job title (See Instructions) | | Employer (See Instructions | =) | | |
| | retired | pation / Job title (See Instructions) | | retired | ·) | | |
| | Date 10/25/2024 | Full name of contributor out-of-state PAC (I Espronceda, Jennifer Contributor address; City; State; Zip Code | D#: | | • | Amount of Contribution (\$) | \$250.00 |
| | | San Antonio, TX 78210 | | | | | |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Espronceda Law, PLLC | | | |
| | Date 10/26/2024 | Full name of contributor out-of-state PAC (I Fisher, Mary Ann Contributor address; City; State; Zip Code Seguin, TX 78155 | |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions retired | 5) | | |
| | Date 10/07/2024 | Full name of contributor out-of-state PAC (I Frost, Kristine Contributor address; City; State; Zip Code Austin, TX 78704 | D#: | | • | Amount of Contribution (\$) | \$300.00 |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions retired | s) | | |
| | | | 1 | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUI | LE A1 |
|---|------------------------------|--|--|---|--|--------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 3/7 Rpt: 7/22 | |
| 2 | FILER NAME Norman, Eric | | | 3 | Filer ID (Ethics Commission 00088117 | on Filers) |
| 4 | Date 09/30/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Guadalupe County Democratic Club 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$5,500.00 |
| _ | <u> </u> | Seguin, TX 78156 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 10/18/2024 | Full name of contributor out-of-state PAC (ID#:_ Guadalupe County Democratic Club Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,100.00 |
| | Principal occu | Seguin, TX 78156 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 10/26/2024 | Full name of contributor out-of-state PAC (ID#:_ Guadalupe County Democratic Club Contributor address; City; State; Zip Code Seguin, TX 78156 |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 10/10/2024 | Full name of contributor out-of-state PAC (ID#:_ Langford, Mary Jo Contributor address; City; State; Zip Code Seguin, TX 78155 | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occur retired | pation / Job title (See Instructions) | Employer (See Instructions retired |) | | |
| | Date 10/05/2024 | Full name of contributor out-of-state PAC (ID#:_Linden, Greg Contributor address; City; State; Zip Code Berkeley, CA 94720 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Researcher | pation / Job title (See Instructions) | Employer (See Instructions UC Berkeley |) | | |
| | | | | | | |

| | MONEI | ARY POLITICAL CON | ITRIBUTION | S | | SCHEDULI | E A1 |
|---|--------------------------------|---|--------------------------------|---|----------------|--|-------------|
| | The Instru | ction Guide explains how to c | omplete this forr | m. | 1 | Total pages Schedule A1: Sch: 4/7 Rpt: 8/22 | |
| 2 | FILER NAME Norman, Eric | D. (Mr.) | | | 3 | Filer ID (Ethics Commission 00088117 | ı Filers) |
| 4 | Date 10/12/2024 | Marshall, Jan 6 Contributor address; City; State; Zi | t-of-state PAC (ID#: p Code |) | 7 | Amount of Contribution (\$) | \$15.00 |
| 8 | Principal occu retired | Schertz, TX 78154 pation / Job title (See Instructions) | 9 | Employer (See Instructions retired | <u> </u> 5) | | |
| | Date 10/09/2024 | Full name of contributor ou Martinez, Rachel Contributor address; City; State; Zi Waelder, TX 78959 | t-of-state PAC (ID#: p Code | | | Amount of Contribution (\$) | \$40.00 |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions retired | <u>(</u> | | |
| | Date 10/05/2024 | Full name of contributor ou Meyer, Kay Contributor address; City; State; Zi | t-of-state PAC (ID#: p Code |) | | Amount of Contribution (\$) | \$10.00 |
| | Dringing age | Schertz, TX 78154 | | Employer (See Instructions | <u></u> | | |
| | Business Ov | pation / Job title (See Instructions) vner | | Nexus Horizons LLC | •) | | |
| | Date 09/28/2024 | Nefford, Tracey Contributor address; City; State; Zi | t-of-state PAC (ID#: p Code |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Training Mar | New Braunfels, TX 78130 pation / Job title (See Instructions) nager | | Employer (See Instructions Schlitterbahn | <u> </u> 5) | | |
| | Date 10/12/2024 | Full name of contributor ou Ornelas, Che Contributor address; City; State; Zi San Angelo, TX 76901 | p Code |) | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu Physician | pation / Job title (See Instructions) | | Employer (See Instructions Shannon Medical Cente | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | JTION | S | | SCHEDUL | E A1 |
|---|----------------------------|--|----------|------------------------------------|----------------|--|------------|
| | The Instruc | ction Guide explains how to complete t | this for | n. | 1 | Total pages Schedule A1: Sch: 5/7 Rpt: 9/22 | |
| 2 | FILER NAME Norman, Eric | c D. (Mr.) | | | 3 | Filer ID (Ethics Commission 00088117 | on Filers) |
| 4 | Date 10/15/2024 | Full name of contributor out-of-state PAC Raetzsch, Donna Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$25.00 |
| 8 | Principal occu | Seguin, TX 78155 pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u> </u> s) | | |
| | retired | , | | retired | , | | |
| | Date 10/01/2024 | Full name of contributor out-of-state PAC Ray, Sally Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$3,000.00 |
| | Dringing Lagra | Seguin, TX 78155 | | Franks var (Caa kastu atiana | <u></u> | | |
| | retired | pation / Job title (See Instructions) | | Employer (See Instructions retired | 5) | | |
| | Date 10/05/2024 | Full name of contributor out-of-state PAC Rossiter, Alan Contributor address; City; State; Zip Code | C (ID#: |) | | Amount of Contribution (\$) | \$250.00 |
| | | Seguin, TX 78155 | | | | | |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions retired | 5) | | |
| | Date 09/29/2024 | Full name of contributor out-of-state PAC Scott, Milda Contributor address; City; State; Zip Code Cibolo, TX 78108 | |) | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions retired | 5) | | |
| | Date 10/17/2024 | Full name of contributor out-of-state PAC Shattuck, Lola Contributor address; City; State; Zip Code Seguin, TX 78155 | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions retired | s) | | |
| | | | <u> </u> | | | | |

| | MONET | ARY POLITICAL CON | TRIBUTION | S | | SCHEDUL | E A1 |
|---|-------------------------------|---|---------------------|--|---------|---|-------------|
| | The Instru | ction Guide explains how to co | omplete this form | n. | 1 | Total pages Schedule A1: Sch: 6/7 Rpt: 10/22 | |
| 2 | FILER NAME Norman, Eric | c D. (Mr.) | | | 3 | Filer ID (Ethics Commission 00088117 | n Filers) |
| 4 | Date 10/13/2024 | 5 Full name of contributor out Tanner, Louis 6 Contributor address; City; State; Zip | |) | 7 | Amount of Contribution (\$) | \$25.00 |
| _ | Deinsinal assu | Austin, TX 78744 | lo la | Frankrian (Cook bathurtian | <u></u> | | |
| 8 | retired | pation / Job title (See Instructions) | | Employer (See Instructions retired | 5) | | |
| | Date 10/11/2024 | Full name of contributor out Thadden, Monique Contributor address; City; State; Zip | -of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$20.00 |
| | Dringinal occu | Seguin, TX 78155 pation / Job title (See Instructions) | - | Employer (See Instructions | ·/- | | |
| | retired | pation / Job title (See Instructions) | | retired |) | | |
| | Date 10/11/2024 | Full name of contributor out Valescu, Ann Contributor address; City; State; Zip | -of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | | Seguin, TX 78155 | | | | | |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions retired | 5) | | |
| | Date 10/06/2024 | Vargas, Theodor | | | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu Dispatcher | pation / Job title (See Instructions) | | Employer (See Instructions Wrangler Trucking | 5) | | |
| | Date 10/22/2024 | Full name of contributor out Vences, Zoraida Contributor address; City; State; Zip San Marcos, TX 78666 | o Code | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Software En | pation / Job title (See Instructions) | | Employer (See Instructions General Motors | 5) | | |
| | | gco. | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|---|---|---|
| | The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 7/7 Rpt: 11/22 |
| 2 | FILER NAME Norman, Eric D. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 | _ | 7 Amount of Contribution (\$) \$50.0 |
| | Seguin, TX 78155 | |
| 8 | Principal occupation / Job title (See Instructions) retired 9 Employer (See Instruction retired | ns) |
| | Date Full name of contributor out-of-state PAC (ID#:) 10/12/2024 Wilmeth, Rick Contributor address; City; State; Zip Code | Amount of Contribution (\$) \$15.0 |
| | Cibolo, TX 78108 | |
| | Principal occupation / Job title (See Instructions) Assessment Specialist Pearson | ns) |
| | | |
| | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| The Instru | ction Guide explains how to complete this f | 1 Total pages Schedule A2: Sch: 1/2 Rpt: 12/22 | |
|--------------------|--|--|--|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| Norman, Eri | c D. (Mr.) | 00088117 | |
| 4 TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | \$ 0.00 | |
| 5 Date | 6 Full name of contributor uut-of-state PAC (ID#: | 8 Amount of 9 In-kind contribution contribution (\$) description | |
| 09/30/2024 | , and one, and an | | \$3,000.00 Marketing and Media |
| | 7 Contributor address; City; State; Zip Code | | Consulting |
| | | | |
| | Portland, OR 97209 | | Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON | I-JUDICIAL) (See instructions) |
| Marketing | | Self | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contributor's job title | (FOR JUDICIAL) (See instructions) |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm of contribute | or's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |
| 16 ii contributori | is a criliu, law lifth of pareful(s) (if any) (FOR JUDICIAL) | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of In-kind contribution |
| 10/23/2024 | Blue Horizon Texas PAC | | contribution (\$) description \$800.00 GOTV Texting |
| | Contributor address; City; State; Zip Code | | Section 1901 V Texting |
| | | | į |
| | San Antonio, TX 78278 | | |
| Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON | Check if travel outside of Texas. Complete Schedule T. I-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 contribute | or'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 ut-of-state PAC (ID#: |) | Amount of In-kind contribution |
| 10/18/2024 | Ford, Scott | | contribution (\$) description \$273.60 Campaign signs |
| | Contributor address; City; State; Zip Code | | 4270.00 Campaign signs |
| | | | į į |
| | New Braunfels, TX 78130 | | l 🗖 i |
| Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON | Check if travel outside of Texas. Complete Schedule T. |
| Owner | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 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 contribute | or's spouse (if any) (FOR JUDICIAL) |
| | | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |
| | | | |
| I | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| The Instru | ction Guide explains how to complete this f | 1 Total pages Schedule A2: Sch: 2/2 Rpt: 13/22 | | | | | | | |
|-------------------------|---|---|---------------------------------------|--|--|--|--|--|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| Norman, Eri | ic D. (Mr.) | | 00088117 | | | | | | |
| 4 | | | | 0.00 | | | | | |
| | UNITEMIZED IN-KIND POLITICAL CONTRIB | \$ | 0.00 | | | | | | |
| 5 Date | 6 Full name of contributor ut-of-state PAC (ID#: |) | 8 Amount of contribution (\$) | 9 In-kind contribution description | | | | | |
| 10/08/2024 | Gravitt, Sandra | | | Tickets to Saints Alive | | | | | |
| | 7 Contributor address; City; State; Zip Code | | | Riverside Cemetery Tour | | | | | |
| | | | | <u>.</u> | | | | | |
| | Complex TV 701FF | | l _— | I I | | | | | |
| 40.5: : . | Seguin, TX 78155 | 44.5 / /505.404 | | outside of Texas. Complete Schedule T. | | | | | |
| · · | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON | -JUDICIAL) (See ii | nstructions) | | | | | |
| retired | | retired | | | | | | | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contributor's job title | (FOR JUDICIAL) | (See instructions) | | | | | |
| | | | | | | | | | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm of contributo | or's spouse (if any) (| FOR JUDICIAL) | | | | | |
| | | | | | | | | | |
| 16 If contributor i | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | | | | |
| | | | | | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of | In-kind contribution | | | | | |
| 09/30/2024 | Hartfiel, Arlynn | | contribution (\$) | | | | | | |
| | Contributor address; City; State; Zip Code | | \$90.00 | Tickets to Guadalupe Regional Hospice | | | | | |
| | | | | Fundraiser | | | | | |
| | | | | | | | | | |
| | Seguin, TX 78155 | | Check if travel of | outside of Texas. Complete Schedule T. | | | | | |
| Principal occı | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON | -JUDICIAL) (See ii | nstructions) | | | | | |
| retired | | 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 contribute | or'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#: |) | Amount of | In-kind contribution | | | | | |
| 10/14/2024 | Law, Jill | | contribution (\$) | • | | | | | |
| | Contributor address; City; State; Zip Code | | \$500.00 | Tickets to Wade Busby Memorial Fundraiser | | | | | |
| | 7, | | | I | | | | | |
| | | | | i I | | | | | |
| | Seguin, TX 78155 | | Check if travel of | l outside of Texas. Complete Schedule T. | | | | | |
| Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON | | nstructions) | | | | | |
| Realtor | | 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 contributo | or's spouse (if any) (| FOR JUDICIAL) | | | | | |
| | - | | / \ | | | | | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | 1 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/9 Rpt: 14/22 | Norman, Eric D. (Mr.) 00088117 |
| 4 | Date | 5 Payee name |
| | 09/29/2024 | ActBlue Technical Services |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$9.68 | 366 Summer Street |
| | | |
| | | Somerville, MA 02144 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Service Fee |
| | | 65.7766 7 66 |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 09/30/2024 | ActBlue Technical Services |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1.98 | 366 Summer Street |
| | | |
| | | Somerville, MA 02144 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Service Fee |
| | | 3366 1 33 |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 10/06/2024 | ActBlue Technical Services |
| Н | Amount (\$) | Payee address; City; State; Zip Code |
| | \$11.87 | 366 Summer Street |
| | | |
| | | Somerville, MA 02144 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Service Fee |
| | | Service ree |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 1 | expenditure to benefit C/OI | |
| \vdash | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 2/9 Rpt: 15/22 | Norman, Eric D. (Mr.) 00088117 |
| 4 | Date | 5 Payee name |
| | 10/13/2024 | ActBlue Technical Services |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$10.87 | 366 Summer Street |
| | | |
| | | Somerville, MA 02144 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Solicitation/Fundraising Expense |
| | | Check if Austin, TX, officeholder living expense Service Fee |
| | | Service ree |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| _ | Dete | |
| | Date | Payee name |
| | 10/20/2024 | ActBlue Technical Services |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$4.94 | 366 Summer Street |
| | | |
| | | Somerville, MA 02144 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Service Fee |
| | | Scrvice i ee |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Davies same |
| | 10/17/2024 | Payee name Blue Horizon Texas PAC |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | P.O. Box 780662 |
| | | |
| | | San Antonio, TX 78278 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Buy-in for Texting Campaign |
| | | buy-in for realing Campaign |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| - | | |
| | | |
| | | |

SCHEDULE F1

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

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 3/9 Rpt: 16/22 | Norman, Eric D. (Mr.) 00088117 |
| 4 | Date | 5 Payee name |
| | 09/30/2024 | Guadalupe Printing Solutions |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,588.50 | 107 North Camp Street |
| | | |
| | | Seguin, TX 78155 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | 4x8' Signs |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| ⊨ | Date | |
| | Date | Payee name |
| L | 10/04/2024 | Guadalupe Printing Solutions |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$728.06 | 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 |
| | 2/11/2/10/12 | Check if Austin, TX, officeholder living expense |
| | | 4x8' Signs |
| L | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| ⊨ | | |
| | Date | Payee name |
| | 10/10/2024 | Guadalupe Printing Solutions |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$145.61 | 107 North Camp Street |
| | | |
| | | Seguin, TX 78155 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Voucher Half Sheets |
| | | Voucher nail Streets |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| \vdash | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Food/Beverage Expense Gift/Awards/Memorials Expense

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

| Candidate/Officeholder/Political Committee Credit Card Payment | | | Legal Services The Instruction Guide | Salaries | /Wages | s/Contract Labor | | OTHER (enter a | category not listed a | bove) |
|--|---|--------------|---------------------------------------|----------------------|------------------|------------------|------|--|-----------------------|--------------|
| 1 | Total pages Schedule F1: | 2 FILER NAM | ИΕ | | | | 3 | Filer ID | (Ethics Commis | sion Filers) |
| | Sch: 4/9 Rpt: 17/22 | | Eric D. (Mr.) | | | | | 00088117 | | |
| 4 | Date | 5 Payee nam | | | | | | | | |
| | 10/18/2024 | Guadalup | e Printing Solutions | | | | | | | |
| 6 | Amount (\$) | 7 Payee add | ress; City; | State; Zip C | ode | | | | | |
| | \$820.73 | 107 North | Camp Street | | | | | | | |
| | | | | | | | | | | |
| | | Seguin, T | X 78155 | | | | | | | |
| 8 | PURPOSE OF | (a) Category | (See Categories listed at the to | op of this schedule) | (b) | Description | | | | |
| | EXPENDITURE | Printing E | xpense | | | = | | | plete Schedule T. | |
| | | | | | | Yard Signs | , 17 | , officeholder living | g expense | |
| | | | | | | rara Oigrio | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | fficeholder name | Office so | ught | | | Office he | eld | |
| L | experialiture to beriefit C/Oi | П | | | | | | | | |
| | Date | Payee nam | ie | | | | | | | |
| | 10/09/2024 | HEB | | | | | | | | |
| H | Amount (\$) | Payee add | ress; City; | State; Zip C | ode | | | | | |
| | \$41.36 | 1340 Eas | Court Street | | | | | | | |
| | | | | | | | | | | |
| | | Seguin, T | X 78155 | | | | | | | |
| | PURPOSE OF | 1 | (See Categories listed at the to | op of this schedule) | (b) | Description | | | | |
| | EXPENDITURE | Food/Bev | erage Expense | | | | | ide of Texas. Com , officeholder living | plete Schedule T. | |
| | | | | | | Supplies for N | | | | |
| | | | | | | Cupplies for t | vai | iona rugiti | Jui | |
| ┝ | Complete ONLY if direct | Candidate/C | fficeholder name | Office so | <u> </u> ught | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | |
| | Date | Payee nam | ne | | | | | | | |
| | 10/14/2024 | HEB | | | | | | | | |
| H | Amount (\$) | Payee add | ress; City; | State; Zip C | ode | | | | | |
| | \$53.02 | · · | Court Street | , , | | | | | | |
| | 700.02 | 10.0 200 | | | | | | | | |
| | | Seguin, T | X 78155 | | | | | | | |
| | PURPOSE | (a) Category | (See Categories listed at the to | op of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Food/Bev | erage Expense | | | ш | | | plete Schedule T. | |
| | | | | | | | | , officeholder living | | |
| 1 | | | | | | Supplies for N | val | ional Night (| Jul | |
| \vdash | Complete ONLY if direct | Candidate/O | fficeholder name | Office | ught | | | Office | ald | |
| | Complete ONLY if direct expenditure to benefit C/OI | | fficeholder name | Office so | uynt | | | Office he | c iu | |
| $ldsymbol{ldsymbol{ldsymbol{eta}}}$ | | | | | | | | | | |
| | | | | | | | | | | |
| L | | | | | | | _ | | | |
| | | | | | _ | | _ | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: Sch: 5/9 Rpt: 18/22 | 2 FILER NAME Norman, Eric D. (Mr.) 3 Filer ID (Ethics Commission Filers) 00088117 |
| 4 | Date 10/10/2024 | 5 Payee name KWED - Seguin Daily News |
| 6 | Amount (\$) \$612.00 | 7 Payee address; City; State; Zip Code 609 E. Court Street Seguin, TX 78155 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Radio Ads |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date 10/02/2024 | Payee name Meta Platforms Inc |
| | Amount (\$) \$206.00 | Payee address; City; State; Zip Code 1 Meta Way Menlo Park, CA 94025 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meta Ads |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 10/03/2024 | Payee name Meta Platforms Inc |
| | Amount (\$) \$227.00 | Payee address; City; State; Zip Code 1 Meta Way |
| | | Menlo Park, CA 94025 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meta Ads |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | <u> </u> |
| | Sch: 6/9 Rpt: 19/22 | Norman, Eric D. (Mr.) 00088117 |
| 4 | Date | 5 Payee name |
| | 10/04/2024 | Meta Platforms Inc |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$250.00 | 1 Meta Way |
| | | |
| | | Menlo Park, CA 94025 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Meta Ads |
| _ | Complete ONLY if direct | Condidate/Officeholder name Office cought Office hold |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 10/06/2024 | Meta Platforms Inc |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$275.00 | 1 Meta Way |
| | | |
| | | Menlo Park, CA 94025 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | - | Check if Austin, TX, officeholder living expense Meta Ads |
| | | Wett Ads |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Dougo nama |
| | 10/07/2024 | Payee name Meta Platforms Inc |
| | | |
| | Amount (\$) \$303.00 | Payee address; City; State; Zip Code |
| | φ303.00 | 1 Meta Way |
| | | |
| | | Menlo Park, CA 94025 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Meta Ads |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | | |
| | | |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| | Credit Card Payment | The Instruction Guide explains how to comp | ple | te this form. |
|---|---|---|-----|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 7/9 Rpt: 20/22 | Norman, Eric D. (Mr.) | | 00088117 |
| 4 | Date | 5 Payee name | | • |
| | 10/09/2024 | Meta Platforms Inc | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | e | |
| | \$319.21 | 1 Meta Way | | |
| | | | | |
| | | Menlo Park, CA 94025 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | b) | Description |
| | OF EXPENDITURE | Advertising Expense | - | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | | Check if Austin, TX, officeholder living expense |
| | | | | Meta Ads |
| _ | 2 | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | nt | Office held |
| | | | | |
| | Date | Payee name | | |
| | 10/10/2024 | Meta Platforms Inc | | |
| | Amount (\$) | Payee address; City; State; Zip Code | е | |
| | \$334.00 | 1 Meta Way | | |
| | | | | |
| | | Menlo Park, CA 94025 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (k | b) | Description |
| | OF EXPENDITURE | Advertising Expense | | Check if travel outside of Texas. Complete Schedule T. |
| | | | | Check if Austin, TX, officeholder living expense Meta Ads |
| | | | | Wetter Aus |
| | Complete ONLY if direct | Candidate/Officeholder name Office sough | ht | Office held |
| | expenditure to benefit C/OI | | | |
| | Date | Payee name | | |
| | 10/12/2024 | Meta Platforms Inc | | |
| | | | | |
| | Amount (\$) \$368.00 | Payee address; City; State; Zip Code 1 Meta Way | C | |
| | Ψ000.00 | I weta way | | |
| | | Monlo Dark, CA 04025 | | |
| | | Menlo Park, CA 94025 | | |
| | PURPOSE OF | , , , | b) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Advertising Expense | | Check if Austin, TX, officeholder living expense |
| | | | | Meta Ads |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sough | ht | Office held |
| | expenditure to benefit C/OI | 1 | | |
| _ | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| 1 | Total pages Schedule F1: Sch: 8/9 Rpt: 21/22 | 2 FILER NAME Norman, Eric D. (Mr.) 3 Filer ID (Ethics Commission Filers) 00088117 |
| | Date 10/14/2024 | 5 Payee name Meta Platforms Inc |
| 6 | Amount (\$) \$405.00 | 7 Payee address; City; State; Zip Code 1 Meta Way Menlo Park, CA 94025 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meta Ads |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date 10/19/2024 | Payee name Meta Platforms Inc |
| | Amount (\$) \$446.00 | Payee address; City; State; Zip Code 1 Meta Way Menlo Park, CA 94025 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meta Ads |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date 10/24/2024 | Payee name Meta Platforms Inc |
| | Amount (\$) \$491.00 | Payee address; City; State; Zip Code 1 Meta Way |
| | | Menlo Park, CA 94025 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meta Ads |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

| Contributions/ Dotations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | OTHER (enter a category not listed above) | | | |
|---|---|----------|---|----------------------------|-------------------------|----------|---|--------|---------------------|----------------------------|
| | | _ | | The instruction Gui | ue explains now to | compi | iete this form. | _ | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 9/9 Rpt: 22/22 | | Norman, Eri | c D. (Mr.) | | | | | 00088117 | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 10/21/2024 | | StackAdapt | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | s; City; | State; Zip (| ode. | | | | |
| ľ | \$105.50 | • | | eet, South Tower | | Jouc | | | | |
| | Ψ103.30 | | 200 Bay Sire | set, South Tower | 1, OTHE # 2105 | | | | | |
| | | | | | | | | | | |
| | | | Toronto Onta | ario M5J2J1 Car | nada | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed at the | e top of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | Advertising I | Expense | | | | | | pplete Schedule T. |
| | | | | | | | — | , TX, | officeholder living | g expense |
| | | | | | | | OTT Ads | | | |
| | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | | Candidate/Offic | eholder name | Office so | ought | | | Office h | eld |
| | experiulture to beliefit C/O | | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 09/28/2024 | | Taqueria El | Rancho | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State; Zip (| Code | | | | |
| | \$264.26 | | 2050 Ash St | reet | | | | | | |
| | | | | | | | | | | |
| | | | San Marcos | TY 79666 | | | | | | |
| | | _ | | | | Las | | | | |
| | PURPOSE OF | (a) | | e Categories listed at the | e top of this schedule) | (b) | Description | outoi. | de of Toyon Com | nplete Schedule T. |
| | EXPENDITURE | | Food/Bevera | age Expense | | | ш | | officeholder living | |
| | | | | | | | Tacos for vot | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | <u> </u> | Candidate/Offic | eholder name | Office so | <u> </u> | <u> </u> | | Office h | eld |
| | expenditure to benefit C/O | | 241.414440701114 | ionolae, name | 000 0. | oug | • | | 000 | o.u |
| \vdash | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| l | | | | | | | | | | |