# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

	Guide explains how to co	omplete this form.	Filer ID (Ethics Commi		2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
NAME	Mr.	Eric D.			Date Received ELECTRONICALLY FILED
	NICKNAME	LAST Norman		SUFFIX	01/10/2025
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 141				Receipt # Amount
Change of Address	Seguin, TX 78156				Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	.1
TREASURER NAME	Mr.	Eligio			
	NICKNAME	LAST Guerrero Loza	ι	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO P.O. Box 141	) PO BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	Seguin, TX 78156				
7 CAMPAIGN TREASURER PHONE	AREA CODE P (830) 719-4310	PHONE NUMBER E	EXTENSION		
8 REPORT TYPE	X January 15  July 15	30th day before		Runoff  Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Ye 10/27/2024	ear Th	HROUGH	Month Day 12/31/202	Year 24
10 ELECTION	ELECTION DATI Month Day Ye 11/03/2026	ear P	Primary General	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT State Represent	
		GO 1	TO PAGE 2		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Norman, Eric D. (Mr.)		<b>14</b> Filer ID 00088117	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political ex These expenditures may have been made officeholders are required to report this info	without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER N	NAME	
		COMMITTEE CAMPAIGN TREASURER A	ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHE ES OF LOANS, OR CONTRIBUTIONS MAI		\$ 0.00
		AL CONTRIBUTIONS L'EDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 4,880.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 12,513.56
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 540.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOATING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT			r penalty of perjury, that the acc cludes all information required t Code.	
			Mr. Eric D. Norman	
		Sign	ature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of of	fice.	
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

				3 of 13
18 FILER I	IAME	19 Filer ID	(Ethics Co	ommission Filers)
Norma	n, Eric D. (Mr.)	00088117		
	ULE SUBTOTALS DF SCHEDULE		SUB	TOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,880.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	12,513.56
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 CONTRIBUTION	Ν	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/13	
2	FILER NAME Norman, Eric	c D. (Mr.)			3	Filer ID (Ethics Commission 00088117	n Filers)
4	Date 10/29/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
•	Division Pres			Spectrum Association N		nagement	
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_Ford, Curtis Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Dringing Lagra	New Braunfels, TX 78130	_	Franksian (Cookanations	<u></u>		
	Engineer	pation / Job title (See Instructions)		Employer (See Instructions Raytheon	5)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_ Guadalupe County Democratic Club Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$750.00
		Seguin, TX 78156					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_Kohler, Marc  Contributor address; City; State; Zip Code  Austin, TX 78737				Amount of Contribution (\$)	\$25.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Lithion	<u>                                      </u>		
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_Meyer, Kay  Contributor address; City; State; Zip Code  Schertz, TX 78154		)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Business Ow	NI ICI	<u> </u>	Nexus Horizons LLC			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/13		
2	FILER NAME Norman, Eric			3	Filer ID (Ethics Commission 00088117	on Filers)	
4	Date 11/21/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$500.00	
8	Principal occu	Seguin, TX 78155  spation / Job title (See Instructions)	9 Employer (See Instructions	z)			
°	Shoemaker	pation / Job title (See Instructions)	Self	>) 			
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_ Scott, Milda Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$20.00	
		Cibolo, TX 78108					
	Principal occu retired	ipation / Job title (See Instructions)	Employer (See Instructions retired	s)			
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_ Shattuck, Lola Contributor address; City; State; Zip Code Seguin, TX 78155			Amount of Contribution (\$)	\$25.00	
	Principal occuretired	pation / Job title (See Instructions)	Employer (See Instructions retired	<u>I</u> S)			

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/13 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman, Eric D. (Mr.) 00088117 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/31/2024 Anders, Aidan \$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 occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) Marketing Self 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 1/7 Rpt: 7/13	Norman, Eric D. (Mr.) 00088117
4	Date	5 Payee name
	10/27/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.82	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
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Service Fee
_	0 1: 0.11.4.7.1.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/03/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.52	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 Austin, TX, officeholder living expense  Service Fee
		Service ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Para and
	Date 11/05/2024	Payee name ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.39	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Service Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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: 2/7 Rpt: 8/13	2 FILER NAME Norman, Eric D. (Mr.)  3 Filer ID (Ethics Commission Filers) 00088117
4	Date 11/17/2024	5 Payee name ActBlue Technical Services
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street
8	PURPOSE OF EXPENDITURE	Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 12/04/2024	Payee name Anders, Aidan
	Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 1260 NW Naito Parkway Unit 240B Portland, OR 97209
	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  Marketing and Media Consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/29/2024	Payee name Guadalupe Printing Solutions
	Amount (\$) \$58.25	Payee address; City; State; Zip Code  107 North Camp Street
		Seguin, TX 78155
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Voucher Flyers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
_	Total pages Schedule F1:	
	Sch: 3/7 Rpt: 9/13	Norman, Eric D. (Mr.) 00088117
4	Date	5 Payee name
	10/30/2024	Meta Platforms Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
١	\$541.00	1 Meta Way
	Ψ0-11.00	± mom may
L		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.
	LAFENDITURE	Check if Austin, TX, officeholder living expense
		Meta Ads
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
H	Date	Payeo namo
		Payee name  Moto Platforms Inc.
	10/31/2024	Meta Platforms Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$596.00	1 Meta Way
		Menlo Park, CA 94025
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meta Ads
		mou / wo
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	11/06/2024	Meta Platforms Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$410.82	1 Meta Way
	¥ 120.02	<del></del>
		Marila Darila CA 04005
		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.
	LA LIDITUIL	Check if Austin, TX, officeholder living expense
		Meta Ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 10/13	Norman, Eric D. (Mr.) 00088117
4	Date	5 Payee name
	11/03/2024	Meta Platforms Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$656.00	1 Meta Way
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meta Ads
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/OI	<u>'</u>
	Date	Payee name
	11/05/2024	Moss and Willow
	Amount (\$)	Payee address; City; State; Zip Code
	\$164.54	315 North Austin Street
		Seguin, TX 78155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Flower Arrangements
_	Computate ONII V if disport	Condidate/Office holder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/05/2024	Seguin Theatres
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	314 South Austin Street
L		Seguin, TX 78155
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Venue rental and beverage expense
		volue folial and povolage expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 5/7 Rpt: 11/13	Norman, Eric D. (Mr.) 00088117
4	Date	5 Payee name
	11/07/2024	Spaceback
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$179.80	584 Castro Street #2040
		San Francisco, CA 91114
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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		OTT Campaign
_	Opening ONE V if direct	Openhalte Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/28/2024	StackAdapt
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,115.55	200 Bay Street, South Tower, Unit # 2103
		Toronto Ontario M5J2J1 Canada
	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 OTT Ads
		OTT Aus
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/04/2024	StackAdapt
	Amount (\$)	·
	\$1,085.81	Payee address; City; State; Zip Code 200 Bay Street, South Tower, Unit # 2103
	Ψ1,005.01	200 Bay Street, South Tower, Ont # 2100
		Toronto M5J2J1 Canada
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		OTT Ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries	/Wages	/Contract Labor		OTHER (enter a	category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 6/7 Rpt: 12/13	Norman, E						00088117		
4	Date	5 Payee name	e							
	11/08/2024	StackAdap	t							
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip C	ode					
	\$1,378.07	200 Bay S	treet, South Tower, l	Jnit # 2103						
		Toronto M	5J2J1 Canada							
8	PURPOSE OF	(a) Category (s	See Categories listed at the top	o of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	g Expense			<b>=</b>		ide of Texas. Com , officeholder living	plete Schedule T.	
						OTT Ads	, 17	, omcendaer nving	у схрензе	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office h	eld	
⊨	Date	Davis as many								
	11/06/2024	Payee name Sweet Trea								
L										
	Amount (\$)	Payee addre	-	State; Zip C	oae					
	\$225.00	1109 Nortr	n Austin Street							
		Seguin, TX	〈 78155							
	PURPOSE	(a) Category (	See Categories listed at the top	o of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	ense			<b>=</b>			plete Schedule T.	
						Cake for water		, officeholder living	g expense	
						Cake for wate	C11	party		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	l ught			Office h	eld	
F	Date	Payee name	<u> </u>							
	11/01/2024	Wells Farg								
H	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$3.00	101 E. Nol		Otato, 2.p 0	0.00					
	φο.σσ	101 2.1101	ic direct							
		Seguin, TX	( 78155							
	PURPOSE	(a) Category (s	See Categories listed at the top	o of this schedule)	(b)	Description				
	OF EXPENDITURE	Accounting	g/Banking						plete Schedule T.	
						Checks Checks	, TX	, officeholder living	g expense	
						CHECKS				
$\vdash$	Complete ONLY if direct	Candidata/Of	ficeholder name	Office	liaht			Office	old	
	Complete ONLY if direct expenditure to benefit C/OI		ncendider name	Office so	uynı			Office h	ziu	
$\vdash$	•									

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense Printing Salaries	Expense Expense SWages/Contract Labor complete this form.	Travel in Di Travel Out OTHER (er	
Total pages Schedule F1:	2 FILER N	AME			3 Filer ID	(Ethics Commission Filers)
Sch: 7/7 Rpt: 13/13	Normar	, Eric D. (Mr.)			000881	17
Date	5 Payee na	ame				
11/07/2024	sMAC'n	Noodles				
Amount (\$)	7 Payee a	ddress; City;	State; Zip C	Code		
\$1,860.00	225 No	th Saunders Street, Su	ite 7			
	Seguin,	TX 78155				
PURPOSE	(a) Category	(See Categories listed at the to	o of this schedule)	(b) Description		
EXI ENDITORE						living expense
				Catering for	watch party	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		/Officeholder name	Office so	ought	Offic	e held
1 :	Total pages Schedule F1: Sch: 7/7 Rpt: 13/13 Date 11/07/2024 Amount (\$) \$1,860.00  PURPOSE OF EXPENDITURE	Total pages Schedule F1: 2 FILER N. Sch: 7/7 Rpt: 13/13 Norman  Date 5 Payee na SMAC'n  Amount (\$) 7 Payee ac 225 Nor  Seguin,  PURPOSE OF EXPENDITURE (a) Category  Event E	Total pages Schedule F1: Sch: 7/7 Rpt: 13/13  Date Sch: 7/7 Rpt: 13/13  Date Sch: 7/7 Rpt: 13/13  Sch: 7/7 Rpt: 13	Total pages Schedule F1: Sch: 7/7 Rpt: 13/13  Date 11/07/2024  Amount (\$)  PURPOSE OF EXPENDITURE  Total pages Schedule F1: 2 FILER NAME Norman, Eric D. (Mr.)  Payee name sMAC'n Noodles  7 Payee address; City; State; Zip C 225 North Saunders Street, Suite 7  Seguin, TX 78155  (a) Category (See Categories listed at the top of this schedule) Event Expense  Candidate/Officeholder name  Office Schedule Pile Norman, Eric D. (Mr.)  5 Payee name sMAC'n Noodles  7 Payee address; City; State; Zip C 225 North Saunders Street, Suite 7  Seguin, TX 78155	Total pages Schedule F1: Sch: 7/7 Rpt: 13/13  Date 11/07/2024  Amount (\$)  PURPOSE OF EXPENDITURE  Total pages Schedule F1: 2 FILER NAME Norman, Eric D. (Mr.)  5 Payee name sMAC'n Noodles  7 Payee address; City; State; Zip Code 225 North Saunders Street, Suite 7  Seguin, TX 78155  (a) Category (See Categories listed at the top of this schedule) Event Expense  Catering for  Candidate/Officeholder name  Office sought	Total pages Schedule F1: Sch: 7/7 Rpt: 13/13  Date 11/07/2024  Amount (\$)  PURPOSE OF EXPENDITURE  Total pages Schedule F1: Sch: 7/7 Rpt: 13/13  2 FILER NAME Norman, Eric D. (Mr.)  3 Filer ID 000881  3 Filer ID 000881  7 Payee name sMAC'n Noodles 2 Payee address; City; State; Zip Code 2 225 North Saunders Street, Suite 7  Seguin, TX 78155  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description Check if travel outside of Texas. Check if Austin, TX, officeholder Catering for watch party  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office