CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00088182		2 Total pages file 8	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		ISE ONLY
OFFICEHOLDER	Mr.	Danyahel M.				
NAME	1411.	Barryaner IVI.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
		Norris				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING	11011 Dahlia Vale Walk				Dessint //	Amount
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77044				Date Processed	
					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Solomon				
NAME	IVII .	5010111011				
	NICKNAME	LAST		SUFFIX		
		Mengisteab				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	12103 Chisel Ridge					
(Residence or Business)	Pearland, TX 77584					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION			
TREASURER PHONE	(832) 496-9407					
8 REPORT					_	
TYPE	X January 15	30th day before	e election	Runoff	15th day after can appointment (offic	
	July 15	8th day before		Exceeded modified	Final Report (Atta	
		our day before		reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	ТН	HROUGH	12/31/2024		
	01101/2024			12/31/2024	+	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
IU ELECTION	Month Day Year	X F	Primary		Other	
	03/05/2024		lineary			
	00/00/2021		Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
				State Representa	ative District 142	
	1			1		
		~~~				
		GU	FO PAGE 2			
Forms provided by Te	xas Ethics Commission	www.et	hics.state.tx.u	S	Versio	n V4.1.0.5dd2ace2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 8

13 C / OH NAME	Norris, Danyahel M. (	Mr.)	14 Filer ID (I 00088182	Ethics Commission File
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
				-
<b>16</b> CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		<b>\$</b> 0
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 375
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		<b>\$</b> 0
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 406
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 389
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 10,000
17 AFFIDAVIT				•
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Mr. D	anyahel M. Norris	
		Signature of	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	, ********	
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2a

SUBTOTALS - C/OH	СС	FORM C/OH OVER SHEET PG 3 3 of 8
18 FILER NAME Norris, Danyahel M. (Mr.)	<b>19</b> Filer ID 00088182	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 375.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 406.50
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 I TO FILER	RETURNED	\$

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

6       Contributor address; City; State; Zip Code         HOUSTON, TX 77020       Principal occupation / Job title (See Instructions)         Director       9       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/21/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/21/2024       Herod, Brian        Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$75.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       The optimization (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/21/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       UTHealth Houston       \$75.00         Og/21/2024       Herod, Brian	The Instruction Guide explains how to complete this form.       Sch: 1/1 Rpt: 4/8         2       FILER NAME Norris, Danyahel M. (Mr.)       3       Filer ID (Ethics Commission 00088182         4       Date 07/21/2024       5       Full name of contributor out-of-state PAC (ID#:)       7       Amount of Contribution (\$)         6       Contributor address; City; State; Zip Code HOUSTON, TX 77020       9       Employer (See Instructions) UTHealth Houston       9       Employer (See Instructions) UTHealth Houston       Amount of Contribution (\$)         Date 08/21/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       Amount of Contribution (\$)         Date 08/21/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Director       Employer (See Instructions) UTHealth Houston       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Director       Employer (See Instructions) UTHealth Houston       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Director       Employer (See Instructions) UTHealth Houston       Amount of Contribution (\$)         Date       Full name of contributor	\$75.00
Norris, Danyahel M. (Mr.)       00088182         4 Date       5 Full name of contributor indicess; City: State; Zip Code       7 Amount of Contribution (\$)         8 Principal occupation / Job tite (See Instructions)       9 Employer (See Instructions)       7 Amount of Contribution (\$)         9 Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         9 Principal occupation / Job tite (See Instructions)       0 Employer (See Instructions)       Amount of Contribution (\$)         08/21/2024       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         08/21/2024       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         08/21/2024       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         08/21/2024       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         08/21/2024       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         08/21/2024       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         09/21/2024       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         01/21/2024       Full name of contributor       out-of-state PAC (D#)       Amount of C	Norris, Daryahel M. (Mr.)       00088182         4       Date       5       Full name of contributor out-of-state PAC (ID#:)       7       Amount of Contribution (\$)         07/21/2024       Full name of contributor address; City; State; Zip Code       7       Amount of Contribution (\$)         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       UTHealth Houston         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/21/2024       Herod, Brian       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Director       HOUSTON, TX 77020       Employer (See Instructions)       UTHealth Houston         Director       Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Director       Job title (See Instructions)       UTHealth Houston       Amount of Contribution (\$)         Director       Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)	\$75.00
4       Date       5       Full name of contributor       ou-of-state PAC (10)::::::::::::::::::::::::::::::::::::	4       Date       5       Full name of contributor       out-of-state PAC (ID#:)       7       Amount of Contribution (\$)         07/21/2024       Herod, Brian       6       Contributor address; City; State; Zip Code       7       Amount of Contribution (\$)         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       VIHealth Houston         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/21/2024       Herod, Brian       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         08/21/2024       Herod, Brian       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         08/21/2024       Herod, Brian       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Director       HOUSTON, TX 77020       Employer (See Instructions)       Thealth Houston         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Og/21/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor<	\$75.00
07/21/2024       Herod. Brian       \$75.00         6       Contributor address; City: State: Zip Code       HOUSTON, TX 77020         8       Principal occupation / Job title (See Instructions)       UTHealth Houston         Date       Full name of contributor       out-of-state PAC (IDF;         08/21/2024       Full name of contributor       out-of-state PAC (IDF;         HOUSTON, TX 77020       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       Full name of contributor       out-of-state PAC (IDF;         Date       Full name of contributor       out-of-state PAC (IDF;         Og/21/2024       Full name of contributor       out-of-state PAC (IDF;         Herod, Brian       Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Og/21/2024       Full name of contributor       out-of-state PAC (IDF;       Amount of Contribution (\$)         Director       UTHealth Houston       UTHealth Houston       \$75.00         Director       UTHealth Houston       Mnount of Contribution (\$)       \$75.00         Director       UTHealth Houston       UTHealth Houston       \$75.00         Director       UTHealth Houston       S75.00       S75.00         IO/21/	07/21/2024       Herod, Brian         6       Contributor address; City; State; Zip Code         HOUSTON, TX 77020       Principal occupation / Job title (See Instructions)         Director       9         Employer (See Instructions)       0         Date       Full name of contributor         08/21/2024       Herod, Brian         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Herod, Brian       Contributor address; City; State; Zip Code         HOUSTON, TX 77020       Herod, Brian         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston	\$75.00
<ul> <li>Contributor address; City; State; Zip Code HOUSTON, TX 77020</li> </ul> <ul> <li>Principal occupation / Job title (See Instructions) Director</li> <li>Pate 08/21/2024</li> <li>Herod, Brian</li> <li>Contributor address; City; State; Zip Code HOUSTON, TX 77020</li> </ul> Amount of Contribution (\$) \$75.00           Principal occupation / Job title (See Instructions) Director         Employer (See Instructions) UTHealth Houston              Amount of Contribution (\$) \$75.00           Principal occupation / Job title (See Instructions) Director         Employer (See Instructions) UTHealth Houston              Amount of Contribution (\$) \$75.00           Date 09/21/2024         Full name of contributor on on-ot-state PAC (ID# Herod, Brian              Amount of Contribution (\$) \$75.00           Principal occupation / Job title (See Instructions) Director         Employer (See Instructions) UTHealth Houston              Amount of Contribution (\$) \$75.00           Date 10/21/2024         Full name of contributor on out-of state PAC (ID# Herod, Brian              Amount of Contribution (\$) THealth Houston           Date 10/21/2024         Full name of contributor on out-of state PAC (ID# Herod, Brian              Amount of Contribution (\$) Thealth Houston           Principal occupation / Job title (See Instructions) Director         Employer (See Instructions) UTHealth Houston              Amount of Contribution (\$) \$75.00	6       Contributor address; City; State; Zip Code         HOUSTON, TX 77020         8       Principal occupation / Job title (See Instructions) Director       9       Employer (See Instructions) UTHealth Houston         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/21/2024       Herod, Brian       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Director       Employer (See Instructions) UTHealth Houston       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Director       Employer (See Instructions) UTHealth Houston       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor	\$75.00
HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Date         OB/21/2024         Herod, Brian         Contributor address; City; State; Zip Code         HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Date         Og/21/2024         Herod, Brian         Contributor address; City; State; Zip Code         HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Date         Og/21/2024         Herod, Brian         Contributor address; City; State; Zip Code         Herod, Brian         Contributor address; City; State; Zip Code         Herod, Brian         Contributor address; City; State; Zip Code         Houston, TX 77020         Principal occupation / Job title (See Instructions)         UTHealth Houston         Date         Full name of contributor         In/21/2024         Herod, Brian         Contributor address; City; State; Zip Code         Houston, TX 77020         Principal occupation / Job title (See Instructions)         UTHealth Houston         Director         Houston, TX 77020	HOUSTON, TX 77020       Principal occupation / Job title (See Instructions) Director       9 Employer (See Instructions) UTHealth Houston         Date       Full name of contributor       out-of-state PAC (ID#:) Herod, Brian       Amount of Contribution (\$)         08/21/2024       Herod, Brian       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Director       Employer (See Instructions) UTHealth Houston       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Director       Employer (See Instructions) UTHealth Houston       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) Herod, Brian       Amount of Contribution (\$)	
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Director       UTHealth Houston         Date       Full name of contributor       out-of-state PAC (10#:)       Amount of Contribution (\$)         08/21/2024       Herod, Brian       Contributor address; City; State: Zip Code       S75.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Mount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         09/21/2024       Herod, Brian       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S75.00         Director       UTHealth Houston       UTHealth Houston         Director       Intered, Brian       S75.00         Director       Contributor inderess; City; State; Zip Code       Amount of Contribution (\$)         10/21/2024       Full name of contributor       out-of-state PAC (D#:	Director       UTHealth Houston         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/21/2024       Herod, Brian       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         HOUSTON, TX 77020       Houston       Employer (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston       UTHealth Houston         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/21/2024       Herod, Brian       Out-of-state PAC (ID#:)       Amount of Contribution (\$)	
Date       Full name of contributor       out-of-state PAC (ID#:	Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/21/2024       Herod, Brian       Contributor address; City; State; Zip Code       Image: Contributor address; City; State; Zip Code         HOUSTON, TX 77020       HOUSTON, TX 77020       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor       out-of-state PAC (ID#:)         09/21/2024       Herod, Brian       Amount of Contribution (\$)	
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Contributor address: City: State; Zip Code         HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Date         09/21/2024         Herod, Brian         Contributor address: City: State; Zip Code         Houston, TX 77020         Principal occupation / Job title (See Instructions)         Date         09/21/2024         Herod, Brian         Contributor address; City: State; Zip Code         Houston, TX 77020         Principal occupation / Job title (See Instructions)         Date         Principal occupation / Job title (See Instructions)         UTHealth Houston         UTHealth Houston         Date         Herod, Brian         Contributor address; City: State; Zip Code         Herod, Brian         Contributor address; City: State; Zip Code         HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Director         UTHealth Houston         Oate         Herod, Brian         Contributor address; City: State; Zip Code         Herod, Brian         Contributor address; City: State; Zip Code         UTHealth Houston         Date	Contributor address; City; State; Zip Code         HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Director         Date         Full name of contributor         09/21/2024         Herod, Brian	
Contributor address; City; State; Zip Code       HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)         09/21/2024       Herod, Brian       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor       out-of-state PAC (ID#	Contributor address; City; State; Zip Code         HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Director         Date         Full name of contributor         09/21/2024         Herod, Brian	\$75.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       Amount of Contributor (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       The principal occupation / Job title (See Instructions)         Director       UTHealth Houston       UTHealth Houston         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         HOUSTON, TX 77020       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor	Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor       out-of-state PAC (ID#:)         09/21/2024       Herod, Brian       Amount of Contribution (\$)	\$75.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor out-of-state PAC (ID#:       Amount of Contribution (\$)         09/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       Amount of Contributor (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       The principal occupation / Job title (See Instructions)         Director       UTHealth Houston       UTHealth Houston         Date       Full name of contributor out-of-state PAC (ID#:       Amount of Contribution (\$)         10/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston       \$75.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$75.00         Date       Full name of contributor	Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor       out-of-state PAC (ID#:)         09/21/2024       Herod, Brian	\$75.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       Amount of Contributor (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       The principal occupation / Job title (See Instructions)         Director       UTHealth Houston       UTHealth Houston         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         HOUSTON, TX 77020       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor	Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor       out-of-state PAC (ID#:)         09/21/2024       Herod, Brian       Amount of Contribution (\$)	\$75.00
Director       UTHealth Houston         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         09/21/2024       Herod, Brian       \$75.00         Contributor address; City: State; Zip Code       Fmployer (See Instructions)       \$75.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       The alth Houston         Date       Full name of contributor       out-of-state PAC (ID#	Director     UTHealth Houston       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       09/21/2024     Herod, Brian     Amount of Contribution (\$)	\$75.00
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       Houston, TX 77020         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         10/21/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Employer (See Instructions)       \$75.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/21/2024       Herod, Brian       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$75.00         Director       UTHealth Houston       \$75.00         Principal occupation / Job title (See Instructions)       UTHealth Houston       \$75.00         Date       Full name of contributor       out-of-state PAC (ID#:	Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       09/21/2024     Herod, Brian	\$75.00
09/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       Houston, TX 77020         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Therod, Brian       \$75.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       HOUSTON, TX 77020       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Thealth Houston         Date       Full name of contributor       out-of-state PAC (ID#:	09/21/2024 Herod, Brian	\$75.00
Contributor address; City; State; Zip Code         Houston, TX 77020         Principal occupation / Job title (See Instructions)         Director         Date         Full name of contributor		\$75.00
Houston, TX 77020         Principal occupation / Job title (See Instructions)         Director         Date         Full name of contributor         10/21/2024         Herod, Brian         Contributor address; City; State; Zip Code         HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Director         Amount of Contribution (\$)         Herod, Brian         Contributor address; City; State; Zip Code         HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Director         UTHealth Houston         Ontertion (See Instructions)         Director         VITHealth Houston         Director         VITHealth Houston         Date         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)         11/21/2024         Herod, Brian         Contributor address; City; State; Zip Code         HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	Contributor address; City; State; Zip Code	Ψ/ 5.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor       out-of-state PAC (ID#:)         10/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       Full name of contributors)       Employer (See Instructions)         Director       HOUSTON, TX 77020       Employer (See Instructions)       \$75.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       The address (Contributor Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/21/2024       Herod, Brian       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         11/21/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/21/2024       Herod, Brian       Contributor address; City; State; Zip Code       \$75.00         HOUSTON, TX 77020       Principal occupation / Job title (See Instructions)       Employer (See Instructions)		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor       out-of-state PAC (ID#:)         10/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       Full name of contributors)       Employer (See Instructions)         Director       HOUSTON, TX 77020       Employer (See Instructions)       \$75.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       The address (Contributor Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/21/2024       Herod, Brian       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         11/21/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/21/2024       Herod, Brian       Contributor address; City; State; Zip Code       \$75.00         HOUSTON, TX 77020       Principal occupation / Job title (See Instructions)       Employer (See Instructions)		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor       out-of-state PAC (ID#:)         10/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       \$75.00         HOUSTON, TX 77020       Employer (See Instructions)         Director       UTHealth Houston         Director       UTHealth Houston         Director       UTHealth Houston         Director       HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       #rood, Brian       \$75.00         UTHealth Houston       Out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/21/2024       Herod, Brian       \$75.00         HOUSTON, TX 77020       Houston       \$75.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		
Director       UTHealth Houston         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       Full name of contributor       \$75.00         HOUSTON, TX 77020       Employer (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston       4mount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/21/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/21/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Herod, Brian       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         HOUSTON, TX 77020       HOUSTON, TX 77020       Employer (See Instructions)		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor         Pate       Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         Employer (See Instructions)         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         Herod, Brian         Contributor address; City; State; Zip Code         HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)		
10/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       \$75.00         HOUSTON, TX 77020       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor address; City; State; Zip Code         11/21/2024       Herod, Brian         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Full name of contributor       out-of-state PAC (ID#:)         11/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         HOUSTON, TX 77020       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		
Contributor address; City; State; Zip Code         HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Director         Date         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)         11/21/2024         Herod, Brian         Contributor address; City; State; Zip Code         HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)		
HOUSTON, TX 77020         Principal occupation / Job title (See Instructions) Director       Employer (See Instructions) UTHealth Houston         Date       Full name of contributor out-of-state PAC (ID#:)         11/21/2024       Herod, Brian Contributor address; City; State; Zip Code         HOUSTON, TX 77020       HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	10/21/2024 Herod, Brian	\$75.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor out-of-state PAC (ID#:)         11/21/2024       Herod, Brian         Contributor address; City; State; Zip Code         HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor out-of-state PAC (ID#:)         11/21/2024       Herod, Brian         Contributor address; City; State; Zip Code         HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director       UTHealth Houston         Date       Full name of contributor out-of-state PAC (ID#:)         11/21/2024       Herod, Brian         Contributor address; City; State; Zip Code         HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)		
Director     UTHealth Houston       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       11/21/2024     Herod, Brian     \$75.00       Contributor address; City; State; Zip Code     HOUSTON, TX 77020     Principal occupation / Job title (See Instructions)		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		
11/21/2024       Herod, Brian       \$75.00         Contributor address; City; State; Zip Code       HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		
Contributor address; City; State; Zip Code         HOUSTON, TX 77020         Principal occupation / Job title (See Instructions)         Employer (See Instructions)		
HOUSTON, TX 77020  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	11/21/2024 Herod, Brian	\$75.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Director		
	Director UT Health Houston	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

				EXPE	INDITURE CAT	EGOR	IES FOR	BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards Legal Servi	rage Expense s/Memorials Expense	9	Office Ove Polling Exp Printing Ex Salaries/W	rhead bense pens 'ages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Rela	
1	Total pages Cabadula F1	1-			uction Guide exp		000 10 001	iipie		1-		(Ethios Com	niccion Filore)
T	Total pages Schedule F1: Sch: 1/4 Rpt: 5/8		Norris, Dan		. (Mr.)						Filer ID 00088182	(Ethics Com	nission Filers)
4	Date	5	Payee name										
	08/30/2024		Frost Bank										
	Amount (\$) \$10.00		Payee addre	ss; C	City;	State;	Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Fees	ee Categorie	es listed at the top of t	this sched	dule)	(b)			de of Texas. Com officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	iceholder	name	Of	ffice sou	ght			Office he	eld	
	Date	Γ	Payee name										
	09/30/2024		Frost Bank										
	Amount (\$) \$10.00		Payee addre	ss; C	Sity;	State;	Zip Co	de					
	PURPOSE OF EXPENDITURE	1	Category _{(Si} Fees	ee Categorie	es listed at the top of	this schec	dule)	(b)			de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	iceholder	name	Of	ffice sou	ght			Office he	eld	
	Date		Payee name										
	10/15/2024		Frost Bank										
	Amount (\$) \$30.00		Payee addre	ss; C	`ity;	State;	Zip Co	de					
			тх										
	PURPOSE OF EXPENDITURE	1	Category _{(Si} Fees	ee Categorie	es listed at the top of	this schec	dule)	(b)		ı, ТХ,	de of Texas. Com officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF	н Н	Candidate/Offi	iceholder	name	Of	ffice sou	ght			Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fee Foo Gift/ nmittee Leg	nt Expense s d/Beverage Expense Awards/Memorials Exp al Services <b>e Instruction Guide</b>		Office Over Polling Exp Printing Ex Salaries/W	head/ ense pense ages/C	Contract Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/4 Rpt: 6/8	Norris, Danyah	el M. (Mr.)						00088182		
4	Date 10/30/2024	Payee name Frost Bank									
6	Amount (\$)	Payee address;	City;	Stato:	Zip Co						_
0	\$10.00	TX	City,	State,							
8	PURPOSE	Category (See C	ategories listed at the to	op of this sche	edule)	(b) [	Description				
	OF EXPENDITURE	Fees							de of Texas. Com officeholder living	plete Schedule T. g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeh	older name	0	ffice sou	jht			Office h	eld	
	Date	Payee name									
	11/29/2024	Frost Bank									
	Amount (\$) \$10.00	Payee address;	City;	State;	Zip Co	le					
		ТХ									
	PURPOSE OF EXPENDITURE	Category _{(See C} . Fees	ategories listed at the to	op of this sche	edule)	[			de of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeh	older name	0	ffice sou	jht			Office h	eld	
	Date	Payee name									-
	12/31/2024	Frost Bank									
	Amount (\$) \$10.00	Payee address;	City;	State;	Zip Co	le					
		тх									
	PURPOSE OF EXPENDITURE	Category _{(See C} . Fees	ategories listed at the to	op of this sche	edule)	[			de of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeh	older name	0	ffice sou	jht			Office h	eld	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	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:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 3/4 Rpt: 7/8	Norris, Danyahel M. (Mr.)	00088182					
4	Date	Payee name						
	07/31/2024	Frost						
6	Amount (\$) \$10.00	Payee address; City; State; Zip Code						
8	PURPOSE OF	(b) Description	outside of Texas. Complete Schedule T.					
	EXPENDITURE		n, TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/14/2024	Kingdom Builders Cathedral						
	Amount (\$) \$50.00	Payee address; City; State; Zip Code						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. I, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/03/2024	NPG Van						
	Amount (\$) \$133.25	Payee address; City; State; Zip Code						
		TX						
	PURPOSE OF EXPENDITURE	Check if Austir	outside of Texas. Complete Schedule T. h, TX, officeholder living expense f <b>ice to program</b>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 4/4 Rpt: 8/8	Norris, Danyahel M. (Mr.)	00088182
4	Date	5 Payee name	
	08/08/2024	NPG Van	
6	Amount (\$) \$133.25	7 Payee address; City; State; Zip Code	
0	DUDDOSE	TX	
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense ice to program
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held