

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088182	2 Total pages filed: 8		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Danyahel M.	MI	OFFICE USE ONLY	
	NICKNAME	LAST Norris	SUFFIX		Date Received ELECTRONICALLY FILED 01/15/2025
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked	
	11011 Dahlia Vale Walk			Receipt #	
	Houston, TX 77044			Amount	
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Solomon	MI		
	NICKNAME	LAST Mengisteab	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	
	12103 Chisel Ridge			STATE;	
	Pearland, TX 77584			ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(832)	496-9407			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month	Day	Year	Month	
	07	01	2024	12	
	THROUGH			31	
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	03	05	2024	<input type="checkbox"/> General	<input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 142		

GO TO PAGE 2

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 (Ethics Commission Filers)
00088182

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	375.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	406.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	389.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	10,000.00

17 AFFIDAVIT

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

Mr. Danyahel M. Norris

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

3 of 8

18 FILER NAME Norris, Danyahel M. (Mr.)		19 Filer ID 00088182	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	375.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	406.50
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/8
2 FILER NAME Norris, Danyahel M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088182
4 Date 07/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herod, Brian <hr/> 6 Contributor address; City; State; Zip Code HOUSTON, TX 77020	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) UTHealth Houston
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herod, Brian <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77020	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) UTHealth Houston
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herod, Brian <hr/> Contributor address; City; State; Zip Code Houston, TX 77020	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) UTHealth Houston
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herod, Brian <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77020	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) UTHealth Houston
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herod, Brian <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77020	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) UTHealth Houston

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 5/8	2 FILER NAME Norris, Danyahel M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088182
--	--	--

4 Date 08/30/2024	5 Payee name Frost Bank
-----------------------------	-----------------------------------

6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code TX
-------------------------------------	---

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

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

Date 09/30/2024	Payee name Frost Bank
--------------------	--------------------------

Amount (\$) \$10.00	Payee address; City; State; Zip Code TX
----------------------------	--

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

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

Date 10/15/2024	Payee name Frost Bank
--------------------	--------------------------

Amount (\$) \$30.00	Payee address; City; State; Zip Code TX
----------------------------	--

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

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

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 6/8	2 FILER NAME Norris, Danyahel M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088182
4 Date 10/30/2024	5 Payee name Frost Bank	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/29/2024	Payee name Frost Bank	
Amount (\$) \$10.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/31/2024	Payee name Frost Bank	
Amount (\$) \$10.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 7/8	2 FILER NAME Norris, Danyahel M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088182
4 Date 07/31/2024	5 Payee name Frost	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/14/2024	Payee name Kingdom Builders Cathedral	
Amount (\$) \$50.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 07/03/2024	Payee name NPG Van	
Amount (\$) \$133.25	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for service to program
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 8/8	2 FILER NAME Norris, Danyahel M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088182
4 Date 08/08/2024	5 Payee name NPG Van	
6 Amount (\$) \$133.25	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for service to program
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held