

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00089671		2 Total pages filed: 27		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Norma A.	MI MI	Date Received ELECTRONICALLY FILED 02/02/2026	
	NICKNAME	LAST Bazan	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit		Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year 07/01/2025	THROUGH	Month Day Year 12/31/2025		

6 EXPLANATION OF CORRECTION

I am unclear as to what this means. I do not believe I corrected anything. I checked for errors and all was correct. I apologize but I do not know what was done incorrectly.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mrs. Norma A. Bazan

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089671	2 Total pages filed: 27								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Norma A.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/02/2026								
	NICKNAME LAST SUFFIX Bazan										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2824 N Beach Street Haltom City, TX 76111		Date Hand-delivered or Date Postmarked								
			Receipt # Amount								
			Date Processed								
			Date Imaged								
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Gary L.										
	NICKNAME LAST SUFFIX Nickelson										
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1200 Summit Avenue Suite 800 Fort Worth, TX 76102										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 735-4000										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<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)
<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 Day Year 07/01/2025 THROUGH 12/31/2025										
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special								
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Family District Court Judge Place tarrant District 231								

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Bazan, Norma A. (Mrs.)	14 Filer ID (Ethics Commission Filers) 00089671
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	
	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)	\$ 28,673.78
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,633.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,451.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Mrs. Norma A. Bazan

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 oath	_____ Printed name of officer administering oath	_____ Title of officer administering oath
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SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

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18 FILER NAME Bazan, Norma A. (Mrs.)		19 Filer ID 00089671	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	24,323.78
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	4,350.00
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	18,500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	9,091.82
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	541.25
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 A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/17 Rpt: 5/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguillon, Jamie (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76110	7 Amount of Contribution (\$) \$50.00
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguillon, Yolanda (Mrs.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazan Jr., Jorge Luis <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76031	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Telecommunications		Contributor's Job Title Operations Manager
Contributor's employer/law firm Major Communications		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/17 Rpt: 6/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazan Sr., Jorge (Mr.) <hr/> 6 Contributor address; City; State; Zip Code River Oaks, TX 76114	7 Amount of Contribution (\$) <div style="text-align: right;">\$25.00</div>
8 Contributor's Principal Occupation Contractor		9 Contributor's Job Title President
10 Contributor's employer/law firm Bazan Roofing Inc		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C.W. Martin Law Offices PLLC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76111	Amount of Contribution (\$) <div style="text-align: right;">\$1,000.00</div>
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cano, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) <div style="text-align: right;">\$100.00</div>
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/17 Rpt: 7/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cano, Linda (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Watauga, TX 76148	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapa, Victor (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76114	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Teacher 9-12		Contributor's Job Title Teacher
Contributor's employer/law firm Fort Worth ISD		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine, Mazurek (Mrs.) <hr/> Contributor address; City; State; Zip Code River Oaks, TX 76114	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Christine L. Mazurek PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/17 Rpt: 8/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crocker, Ali (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Crocker Russell & Associates		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutscher, Rocky (Ms.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dornan, Mary (Mrs.) <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/17 Rpt: 9/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dutra, Cindy (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Henderson, NV 89052	7 Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$50.00</div>
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobedo, Oscar (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$500.00</div>
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobedo, Sandra (Mrs.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$100.00</div>
Contributor's Principal Occupation Education		Contributor's Job Title Assistant Director Early Childhood Education
Contributor's employer/law firm Childcare Associates		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/17 Rpt: 10/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 09/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Jonathan (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75067	7 Amount of Contribution (\$) <div style="text-align: right;">\$96.06</div>
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law Office of Jonathan Fox PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Norma (Mrs.) <hr/> Contributor address; City; State; Zip Code River Oaks, TX 76114	Amount of Contribution (\$) <div style="text-align: right;">\$300.00</div>
Contributor's Principal Occupation Certified Tax Accountant		Contributor's Job Title Owner
Contributor's employer/law firm Exacto Tax		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Rafaela (Mrs.) <hr/> Contributor address; City; State; Zip Code Everman, TX 76140	Amount of Contribution (\$) <div style="text-align: right;">\$50.00</div>
Contributor's Principal Occupation Director for FWISD		Contributor's Job Title Director of Substitute Services
Contributor's employer/law firm Fort Worth ISD		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/17 Rpt: 11/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 08/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez Smith, Olivia (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76134	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Financial		9 Contributor's Job Title Vendor Manager
10 Contributor's employer/law firm Santander Consumer		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez Smith, Olivia (Mrs.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76134	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Financial Company		Contributor's Job Title Vendor Manager
Contributor's employer/law firm Santander Consumer		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Rhonda (Mrs.) <hr/> Contributor address; City; State; Zip Code Richland Hills, TX 76118	Amount of Contribution (\$) \$960.60
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Silverman Goodwin LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/17 Rpt: 12/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 09/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Rhonda (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Richland Hills, TX 76118	7 Amount of Contribution (\$) \$1,500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Silverman Goodwin LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guiterrez, Jose (Dr.) <hr/> Contributor address; City; State; Zip Code Nevada, TX 75173	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Doctor		Contributor's Job Title Doctor
Contributor's employer/law firm Wylie ER & Red River ER		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Kiera (Mrs.) <hr/> Contributor address; City; State; Zip Code Northlake, TX 76247	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Legal Aid of NW Texas		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/17 Rpt: 13/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Patricia (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76180	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Travis and Sandra <hr/> Contributor address; City; State; Zip Code Hurst, TX 76054	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Appraiser		Contributor's Job Title Appraiser
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Antonia (Mrs.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76114	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Insurance		Contributor's Job Title Senior Claims Operations Assistant
Contributor's employer/law firm Core Specialty Ins. Co.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/17 Rpt: 14/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimbriel, Debbie (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76244	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Supervising Attorney
10 Contributor's employer/law firm Legal Aid of NW Texas		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loveless, James (Mr.) <hr/> Contributor address; City; State; Zip Code Fort worth, TX 76110	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Webb Family Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Lane Law Office, PC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/17 Rpt: 15/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvin, Barbara (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76126	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Courtney (Mrs.) <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Property Management		Contributor's Job Title Appraiser
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Rosie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/17 Rpt: 16/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Rosie (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76123	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Rosie (Mrs.) <hr/> Contributor address; City; State; Zip Code Fort worth, TX 76123	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Rosie (Mrs.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/17 Rpt: 17/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 10/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Charla (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76001	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Moore Family Law Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murillo, Manuel (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation Interpreter		Contributor's Job Title Court Interpreter
Contributor's employer/law firm Manuel Murillo Court Interpreter		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nickerson, Gary (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Goranson Bain Ausley Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/17 Rpt: 18/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patino, Erika (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76013	7 Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$1,500.00</div>
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Erika V. Patino & Associates PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patino, Erika (Ms.) <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$1,000.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Erika V. Patino & Associates PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramires, Raul (Mr.) <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$1,500.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Garcia & Ramires, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/17 Rpt: 19/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 10/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Aleed (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76179	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm MHMR of Tarrant County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Lorraine (Ms.) <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76180	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Coordinator		Contributor's Job Title Court Coordinator
Contributor's employer/law firm Tarrant County - IVD Court		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Marvinna (Mrs.) <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Assistance District Atty -Chief of PO Unit
Contributor's employer/law firm TCDA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 16/17 Rpt: 20/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowell, James (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Food product and Alcohol Dist		9 Contributor's Job Title VP
10 Contributor's employer/law firm Ben E Keith		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Ross (Mr.) <hr/> Contributor address; City; State; Zip Code Azle, TX 76020	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Land Services		Contributor's Job Title Co-CEO
Contributor's employer/law firm Norfleet Land Services, LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silverberg, Kal (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Consultant		Contributor's Job Title Attorney
Contributor's employer/law firm One Track Mind Consulting LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 17/17 Rpt: 21/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Carolyn (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76006	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Court Reporter		9 Contributor's Job Title Court Reporter
10 Contributor's employer/law firm Tarrant County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Dorys (Mrs.) <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$192.12
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Juan Tijerina		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, David (Mr.) <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Medical Sales		Contributor's Job Title Executive IDN Director
Contributor's employer/law firm Medline Industries, Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 22/27	
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/26/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, C. W. (Mr.) 7 Contributor address; City; State; Zip Code Fort Worth, TX 76107	8 Amount of contribution (\$) \$350.00	9 In-kind contribution description yard signs
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Attorney		13 Contributor's job title (FOR JUDICIAL) (See instructions) Attorney	
14 Contributor's employer/law firm (FOR JUDICIAL) C.W. Martin Law Office, PLLC		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)			
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patino, Erika (Ms.) Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of contribution (\$) \$4,000.00	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Attorney		Contributor's job title (FOR JUDICIAL) (See instructions) Attorney	
Contributor's employer/law firm (FOR JUDICIAL) Erika V. Patino & Associates, PLLC		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/2 Rpt: 23/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 08/12/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazan Sr., Jorge (Mr.)	9 Loan Amount (\$) \$15,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code River Oaks, TX 76114	10 Interest Rate
		11 Maturity Date 11/15/2026
12 Lender's Principal Occupation Roofing Company		13 Lender's Job Title President
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	
	21 Guarantor address; City; State; Zip Code	
22 Amount Guaranteed (\$)		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 2/2 Rpt: 24/27
2 FILER NAME Bazan, Norma A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089671
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/31/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazan Sr., Jorge (Mr.)	9 Loan Amount (\$) \$3,500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code River Oaks, TX 76114	10 Interest Rate
		11 Maturity Date 11/15/2026
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

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: 1/2 Rpt: 25/27	2 FILER NAME Bazan, Norma A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089671
4 Date 08/26/2025	5 Payee name Edgerton Strategies	
6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code 1540 Keller Parkway #108-402 Keller, TX 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2025	Payee name Starboard Strategy Group	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 5129 Calmont Avenue Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2025	Payee name Starboard Strategy Group	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 5129 Calmont Avenue Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting 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: 2/2 Rpt: 26/27	2 FILER NAME Bazan, Norma A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089671
4 Date 11/04/2025	5 Payee name Starboard Strategy Group	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 5129 Calmont Avenue Fort Worth, TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/01/2025	Candidate/Officeholder name TC GOP	
Amount (\$) \$2,500.00	Office sought 201 N. Rupert Street Suite 117 Fort Worth, TX 76107	
Office held		
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 Fee to file Petition
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/26/2025	Candidate/Officeholder name The Press Group	
Amount (\$) \$841.82	Office sought 4620 Penbrook Court Plano, TX 75024	
Office held		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/1 Rpt: 27/27	2 FILER NAME Bazan, Norma A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089671
4 Date 09/17/2025	5 Payee name Marca	
6 Amount (\$) \$135.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5024 E. Belknap St Haltom City, TX 76117	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banner
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2025	Payee name Metro Mailer	
Amount (\$) \$243.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 576 N. Beach Street Fort Worth, TX 76111	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cards and envelopes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name Metro Mailer	
Amount (\$) \$162.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 576 N. Beach Street Fort Worth, TX 76111	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense additional note cards and envelopes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held