CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX 4 CANDIDATE / STATE: **OFFICEHOLDER** MAILING **ADDRESS** Change of Address PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956) 459 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged namic CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE ZIP CODE TREASURER ADDRESS (Residence or Business) CAMPAIGN EXTENSION TREASURER PHONE 9 REPORT TYPE 15th day after campaign Runoff treasurer appointme (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Primary Runoff X Other Description General OFFICE HELD (if any) 12 OFFICE 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

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GO TO PAGE 2

Revised 8/17/2020

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	a dover do	
19	FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3834.27
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3629.86
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	SCHEDULE E: LOANS	\$ -0 -
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 3834.27
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0 -
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	٤٥-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0 -
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$-0 -

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ \$ 2500°°				
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s# 2500°				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -5-				
	4. TOTAL POLITICAL EXPENDITURES	\$ 3834.27				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	AST DAY \$ _ O -				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	of the \$ − 0 −				
	swear, or affirm, under penalty of perjury, that the accompanying report is to quired to be reported by me under Title 15, Election Code.	rue and correct and includes all information				
	· ./	0 11				
	r (//olma	1) Warrin				
	Signature of	Candidate or Officeholder				
	Please complete either option belo	ow:				
	*					
(1) Affidavit						
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me by this th	e day of				
	which, witness my hand and seal of office.					
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath				
OR						
(2) Unsworn Declaration						
My name is Norma Lopes Harris, and my date of birth is _1/-19-1972						
My address is 32/6	KARGUE DILE KOUTSUILE	TX 78520 USA				
Evenuted in	(street) (city) County, State of , on the day of	(state) (zip code) (country)				
Executed in	Morn	nth) O Harri				
	Signature of Car	didate/Officeholder (Declarant)				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

in the requested information is not applicable, 20 No.1 include this page in the report.							
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:							
Dr. Norma Lopez Harris	3 Filer ID (Ethics Commission Filers)						
5 Full name of contributor 5-9-3634 6 Contributor address: City: State: Zip Code Edinburg Tx 78546 9 Employer (See Instructions)	7 Amount of contribution (\$) \$500.000 tions)						
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)						
5-9-2024 CSFAVZA & CARRE Contributor address; City: State: Zip Code Brown Sulle & 78520	\$ 500,00						
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)						
Date Full name of contributor Sortina Lopez Ham's Contributor address: City: State: Zip Code Brownsville To 78520	Amount of contribution (\$)						
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)						
Date Full name of contributor Out-of-state PAC (ID#) Contributor address; City: State: Zip Code	Amount of contribution (\$)						
Principal occupation / Job title (See Instructions) Employer (See Instruc	etions)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED						
If contributor is out-of-state PAC, please see Instruction guide for additional	reporting requirements.						

SCHEDULE A2

The Instruction Guide explains how to complete this form	n.	1 Total pages Sched	lule A2:
Dr. Norma Lopes Harris		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3629.	86
5 Date 6 Full name of contributor out-of-state PAC (ID#	Zip Code	8 Amount of Contribution \$ \$ 500 Check if travel outs	In-kind contribution description Food for Watching event ide of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU)	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Full name of contributor out-of-state PAC (ID#: 54-24 Southbut address Sity; State; BYOWNWILLETK	lia Zip Code	Amount of Contribution \$	In-kind contribution description Donation case of Water description of Wasiness for Water did of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDIC	IAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contribu	ntor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	use (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
		8	20
ATTACH ADDITIONAL COPIES OF T			a requirements

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction	Guide explains how to complete this form	n.	1 Total page Sched	ule A2:
2 FILER NAME NOTMO	aloper flarais		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEM	HZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ \$36298	6
5 Date 6 Full nam 5-4-34 7 Contribut	e of contributor out-of-state PAC (ID# US OPEN City; State; Stawnsville Tx	Zip Code	\$300°	I go In-kind contribution description Huring of watch Wart Staff was de of Texas. Complete Schedule T.
10 Principal occupation / Job	title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA V/A	AL)(See Instructions)
12 Contributor's principal occ	upation (FOR JUDICIAL)	13 Contribu	utors/job title (FOR JU	(See Instructions)
14 Contributor's employer/lav	r firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law	v firm of parent(s) (if any) (FOR JUDICIAL)			
Thom	ne of contributor out-of-state PAC (ID#: 145 R. Havn ² 5 tor address: City; State; Brownsullet	Zip Code	Amount of Contribution \$ \$75^0 Check if travel outsi	In-kind contribution description Tip for Walt Wait Staff EV de of Texas. Complete Schedule T.
Principal occupation / Job	title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI.	AL)(See Instructions)
Contributor's principal occ	upation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's,employer/lav	v firm (FOR JUDICIAL)	Lawfire	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor is a child, la	w firm of parent(s) (if any) (FOR JUDICIAL)	·		
				-
16	ATTACH ADDITIONAL COPIES OF			
i it contribute	or is out-of-state PAC, please see Instruct	ion guide foi	raggitional reportin	g requirements.

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Revised 8/17/2020

SCHEDULE A2

The Instruction Guide explains how to complete this form	n.	1 Total pages Sched	iule A2:
Dr. Norma Loper Harris		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ #3629	<u>&</u>
Brownsolle TX ?	Zip Code	8 Amount of Contribution \$ Check if travel outs	9 In-kind contribution description truck political Banner 48 (Ong ide of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	Fr (FOR NON-JUDIC	IAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contrib	ntor's job title (FOR JI	UDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	use (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full game of contributor out-of-state PAC (ID#	Zip Code	Amount of Contribution \$	In-kind contribution description Truck political Banner 48' long ide of Texas, domplete Schedule T.
Principal opupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	use (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		7	
ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g requirements.

SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:							
Dr. Norma Logez Harris		3 Filer ID (Ethics Cor	mmission Filers)					
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$#3629,8	6					
5 Date 6 Full name of contributor out-of-state PAC (ID#	Zip Code	8 Amount of Contribution \$ \$ \$ 754.86 \$ Check if travel outside	9 In-kind contribution description FOO WAICH TO EURH RUN-off CONDICTION OF THE CONDICTION OF THE LE OF TEXAS. COMPLETE Schedule T.					
10 Principal occupation / Job titlé (FOR NON-JUDICIAL) (See Instructions)	11 Employe	FOR NON-JUDICIA	AL)(See Instructions)					
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)					
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)					
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	· · · · · · · · · · · · · · · · · · ·							
Date Full name of contributor out-of-state PAC (ID#		Amount of Contribution \$	In-kind contribution description					
Contributor address; City; State;	Zip Code	Check if travel outsic	de of Texas. Complete Schedule T.					
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA	AL)(See Instructions)					
Contributor's principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	DICIAL) (See Instructions)					
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)					
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
	•							
ATTACHADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct			g requirements.					

SCHEDULE F1

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political 0	Fees Office C Polling I Committee Legal Services Salaries	epayment/Reimbursement iverhead/Rental Expense Expense Expense s/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 2	Dr. Norma lopez Harris		3 Filer ID (Ethics Commission Filers)
5/2/2024	Dollar Tree	City;	State; Zip Code
\$4059	7 Payee address; 4455 N. Expressivity	Brownsoll	e tx 78520
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EXPENSE EXPENSE (A) Category (See Categories listed at the top of this schedule) (B) Category (See Categories listed at the top of this schedule)	Maltiple	items
	(C) Check if travel outside of Texas. Complete Schedule T.		stin, TX, officeholder living expense Office held
9 Complete ONLY if direct expenditure to benefit C/OH	Dr. Worma Lopes Harri	S TSC Board	do Trustads#7
Date	Payee name		
5/3/2024	Fiesta Graphics	City;	State; Zip Code
Amount (\$)	Payee address;	* '	
\$3685	205 Pandes Line Re		We TK 78521
	Category (See Categories listed at the top of this schedule		1:1=
PURPOSE OF	Adjection Expense	lee-	Shirts
EXPENDITURE	Check if travel outside of Texas. Complete Schedule	T. Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	office sought SEBraid	of Trustees #7
Data	Payee name		
5/3/2024	HEB		
Amount (\$)	Payee address:	() (City;	State; Zip Code
\$251 46	2155 Paredes (Me	Kd Brown	sulle The 78586
	Category (See Categories listed at the top of this schedul	e) Description	/ 1 1.11 n.L
PURPOSE OF EXPENDITURE	Event Expense	Party	Supples Watch Party
	Check if travel outside of Texas. Complete Schedule		Austin, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH DV: Norma 1002 Ha	Office sough	ardo Trusteest 7
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS I	NEEDED
	warm athics sta		Revised 8/17/202

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above)					
Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME OF LATTIS 3 Filer ID (Ethics Commission Filers)					
5/4/2024	Payee name Scales City: State: Zip Code					
6 Amount (\$) \$37 \overline{9}	2254 Boca Chica BlvD. Brownsville tx 78521					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) Cake for watching Party					
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder hame Office sought Office held					
5/9/3074	Payee page (City; State; Zip Code					
#270°	Braunsville Tk					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)					
	Office held					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name					
S19/2024	DD's Discounts					
Amount (\$) \$9518	Payee address: City: State: Zip Code 2440 Pablo Kisel Bus Braunsville TX 78526					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts Expense Day care Gifts/					
Complete ONLY if direct expenditure to benefit C/G	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Office held					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
1	Payland 9/17/2020					

SCHEDULE F1

II dio ioquotic	
	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	
Credit Card F dymonic	The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers)
Total pages Schedule F1:	Dr. Norma lopez farris
5/10/2024	Fracemy Sports
6 Amount (\$)	7 Payee address; City; State; Zip Code
17/60	Brownsville tx 78521
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advertising Expense Tee-shirts for campaign.
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office holder name Office sought Office held
5/11/3034	Payee name Larbucks Coffee City: State: Zip Code
Amount (\$)	Payee address; City; State; Zip Code
\$3000	Prounsville TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Church Donation Gffs
27.1 27.101.101.1	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held
Date Flilans	Olive Garden Restaurant
2/11/0001	State: Zip Code
#3000	3807 N. Expressury 7783 Brownsville TX-78500
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule) Offs Church Donations Offs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder/name Coffice sought Office held OH Dr. NorwaldDer Harris To Bard of Trustees # 7
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
N.	2 : 1 0/47/20

SCHEDULE F1

if the reduced animon action is not applicable, be the timerade and page in the report						
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	The state of the s					
1 Total pages Schedule F1:	2 FILER NAME OF LOCAL STREET TO (Ethics Commission Filers)					
4 Date 32/2024	5 Payae name Graphics					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$27Q	205 Paredes Line Road Brownsville tx 78521					
8	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	followishing Expense Logos					
	(C) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct	Candidate / Office held					
expenditure to benefit C/OH	Dr. Norma lope Harris TX bound of Trustees #7					
Date	Payee name					
chalany	No. Contr.					
5/83/00/9	Payee address: City; State; Zip Code					
Amount (\$)	Payee address; City; State; Zip Code					
\$ 20009	Braunsville TX					
	Category (See Categories listed at the top of this schedule) Description					
PURPOSE	Mandin France Tag-South					
OF EXPENDITURE	Hallertising expense 122 3111-					
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Office holder name Office sought Office held					
expenditure to benefit C/OI	Dr. Norma Copertains Techandof Trustees#7					
Date	Payee name					
5/30/2024	The Ink sof					
Amount (6)	Payee address; City; State; Zip Code					
\$7805	1601 East Alton Gloor Brownsulle the 78526					
	Category (See Categories listed at the top of this schedule) Description					
PURPOSE OF EXPENDITURE	Advertising expense 1000 Business Cards					
1						
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name / Office sought Office held					
	Candidate / Officeholder name / Office sought Office held					

SCHEDULE F1

II the requestor was						
		EXPENDITURE CAT	EGORIES FO	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Committee	Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services	Office Overhei Polling Expension Printing Expers Salaries/Wage	nse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Relat Travel In District Travel Out Of District Other (enter a category not listed	ted Expense
Credit Card Payment		The Instruction Guide expla	ains how to com	plete this form.		
1 Total pages Schedule F1:	DC.	Dorma Conecatt	arris		3 Filer ID (Ethics Commissi	on Filers)
4 Date 2/2/2024	Payee n	a Graphics				
6 Amount (\$)	7 Payee a	ddress;	01	City;	State; Zip Co	ode
\$14505	205	Paredes Like	1 00	brownsodl	e tx 7850	-
8	(a) Catego	(See Categories listed at the top of		(b) Description		
PURPOSE OF EXPENDITURE	Ad	vertising Expe	ense	Window	car Decals	
	(c)	.Check if travel outside of Texas, Comple	te Schedule T.	Check if Aus	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder/name	Harris/	Office sought	lof trustees #	7
Date /	Payeer	name				
6/4/2004	C_i	'nco De Ma	ayo F	estaura	nt	and a
Amount (\$)	Payee	address;	(City;	State; Zip C	ode
\$8846		-	B	rounsolle	t	
	Catego	ory (See Categories listed at the top of	lhis schedule)	Description	, (
PURPOSE OF EXPENDITURE	Ell	eut expense		Meet	and Greet	
9		Check if travel outside of Texas. Compl	oto Schodule T	Check if Au	stin, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh		lidate / Officeholder name	laris/	Office sought 50 Balo	of Trustees #	7
Date	Payee	name 0				
45/2024	Fi	esta Graphics	5			2.1.
Amount (\$)	Payee	address;	\overline{a}	City;	State; Zip (Code
#3290	20	5 Gredes L	ine fd	. Brown	sulle tx 78	52/
	Categ	ory (See Categories listed at the lop of	(this schedule)	Description	, , ,	1
PURPOSE OF EXPENDITURE	Adel	letising Expe	rel_	Yard:	sign metal st	andS
		Check if travel outside of Texas. Comp	plete Schedule T.	Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O		didate / Officeholder name	Harris/	Office sought	rd of trustees t	held E
		ATTACH ADDITIONAL COL	PIES OF THIS	SCHEDULE AS N	EEDED	-1
			ethics state tx i			rised 8/17/20

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
AdvertIsing Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Food/Beverage Expense Gift/Awards/Memonals Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains	how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Dr. Normalopez Har	n's	3 Filer ID (Ethics Commission Filers)	
4 Date 6/1/2024	5 Payee name Rodingo Moreno	-		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
# 1100°°		Brownsoil	le TX	
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	1	
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign	ntexts, social media	
	(c) Check if travel outside of Texas, Complete Sch	nedule T. Check if Aust	in, TX, officeholder tiving expense	
Complete ONLY if direct expenditure to benefit C/OF	Dr. Norma Lopes Har	Office sought	of trustees #7	
Date,	Payee name	1		
6/11/2024	Rodrigo Moreno			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$70000 Brownsville		ville TX		
1	Category (See Categories listed at the top of this so	hedule) Description	1	
	1	1 / 1		
PURPOSE OF EXPENDITURE	Advatising Expense	Campaign	texts, Social media	
OF	Advertising Expense Check if travel outside of Texas. Complete Sci	CAmpaign hedule T. Check if Aust	texts, Social media in, TX, officeholder living expense	
OF	Candidate / Officeholder name	Office sought		
OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name	Office sought	in, TX, officeholder living expense Office held	
OF EXPENDITURE Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name Dr. Norwa Loyer Payee name	Office sought	in, TX, officeholder living expense Office held	
OF EXPENDITURE Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name Dr. Norma Loger Payee name Our Heavenly	Harris/TER	our of Trustees # 7	
OF EXPENDITURE Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name Dr. Norma Loger Payee name Our Heavenly	Harás / TEC B Father Co City:	our of Trustees # 7	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Dr. Norma Loyer Payee name Our Heavenly Payee address;	Harás TEC & City; Chedule) Description Peura Donat	oud of Trustees + 7 Mole Church State; Zip Code	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Dr. Norma Over Payee name Dur Heaveur Payee address; Category (See Categories listed at the top of this so Check if travel outside of Texas. Complete So Candidate / Officeholder name	Harás TEC & City; Chedule) Description Peura Donat	our of Trustees + 7 Hole Chuch State; Zip Code	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Food/Beverage Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Gift/Awards/Memorials Expense Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 4 Date City; Zip Code State: 6 Amo (b) D₉ (a) top of this schedule) 8 PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (c) Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee City; State; Zip Code Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State: Payee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.					
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OHN/	Norma Lopez Harris	2 Filer ID (Ethics Commission Filers)			
3	SIGNAT	URE				
	designati	expect any further political contributions or political expenditures in connection with ming a report as a final report terminates my campaign treasurer appointment. I also under the contributions or make any campaign expenditures without a campaign treasurer appointment. Signatures	understand that I may not accept any			
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.					
	A.	CAMPAIGN FUNDS				
	Check	only one:				
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.					
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	В.	ASSETS				
	Check only one:					
		I do not retain assets purchased with political contributions or interest or other income from political contributions.				
	92	I do retain assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	her income from political contributions to			
5 OFFICEHOLDER •• Complete this section only if you are an officeholder ••						
		I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	if, after filing the last required report as			
			Signature of Officeholder			