**CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT OVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. Office of the President MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX 4 CANDIDATE / ADDRESS / PO BO ZIP CODE **OFFICEHOLDER** MAILING 3216 Basque Drive Brownsville **ADDRESS** Change of Address 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; ZIP CODE TREASURER ADDRESS Braunsville Didre Drive (Residence or Business) CAMPAIGN EXTENSION TREASURER PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day COVERED THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Other Description OFFICE HELD (if any) 12 OFFICE 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES, 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2** 

Texas Southmost College

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

OAIIII AIOI	TT MARIOZITALI OTT	
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ \$310000
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ +512500
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0
4-45	4. TOTAL POLITICAL EXPENDITURES	\$ 5309 79
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS     OF REPORTING PERIOD	# 1324.27
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE S
40.01011471105	swear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and includes all information
	quired to be reported by me under Title 15, Election Code.	
		11 .
	V I //orma D	X Con rest
	Signature of C	andidate or Officeholder
	Jighaldi e di di	
	€ ·	
	Please complete either option below	w:
V)		
(4) 8 (6) 4		
(1) Affidavit		
NOTARY STAMP/SE	AL	
		day of
Sworn to and subscribe	d before me by this the	e day of,
20, to certif	fy which, witness my hand and seal of office.	
Signature of officer adminis	stering oath Printed name of officer administering oath	Title of officer administering oath
7.=	į OR	
		£ 78
(2) Unsworn Declara	TION	1 10 10 10
1 X/20	M(L), HV(15, and my date of birth	is, 11-14-147+
My name is	Passer Dala Panyasille	1x 7852 (AMOON
My address is	6 SUSPILE MINE DOUBLE	(state) (zip code) (country)
	(street) (city)	(State) (Zip Code) (Codernity)
Executed in	County, State of, on theday of	, 20 (year)
	· Jana	1) Narris
	Signature of Can	didate/Officeholder (Declarant)
1		

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

### FORM C/OH COVER SHEET PG 3

19 FILER NAME  20 Filer ID (Ethics Commission Filers)  21 SCHEDULE SUBTOTALS NAME OF SCHEDULE  1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  5. O	AL
AMOUN  1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  5. O	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  \$ O	779
3. SCHEDULE B: PLEDGED CONTRIBUTIONS  \$ - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	779
4. SCHEDULE E: LOANS \$-0-  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$530  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-	779
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  \$ 6	79
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	7/4
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  \$ 6  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  \$ 0  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  \$ 0	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  \$ 3	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  \$ 3	-
10 CONTRACT MADE EROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 6 -	
SCHEDULE H: PAYMENT MADE PROM POLITICAL CONTRIBUTIONS TO A SOCIAL	_
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 5	
	ļ
a 10	

#### SCHEDULE A1

If the reques	ted information is not applicable, DO NOT in	clude this page in the r	eport.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Norma loper Harris		3 Filer ID (Ethics Commission Filers)
4 Date 4994 8 Principal occur	5 Full name of contributor, out-of-state PAC  ploe-to Hinoposo 6 Contributor address; City;  pation / Job title (See Instructions)	State: Zip Code  UTX 7830  9 Employer (See Instruction	7 Amount of contribution (\$)  # 500  ons)
Date 4/11/24	Full name of contributor  Gn'Selda Muno2  Contributor address;  City;	C (ID#:) State; Zip Code	Amount of contribution (\$) $\frac{\partial D}{\partial x}$
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Principal occup	Full name of contributor out-of-state PAG  Contributor address; City;  Cation / Job title (See Instructions)	State; Zip Code  The Tables  Employer (See Instruction	Amount of contribution (\$)  #50000
Date  4/19/34  Principal occur	Full name of contributor  Vonne Salure - Latley  contributor address;  City;  pation / Job title (See Instructions)		Amount of contribution (\$)  # 10000
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

### SCHEDULE A1

if the requested information is not applicable, DO NOT 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)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date  Full name of contributor  Velk Garcia  Contributor address;  City;  State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date  Full name of contributor  Out-of-state PAC (ID#)  Dora Garcia  Contributor address;  City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date  Full name of contributor  Out-of-state PAC (ID#:	Amount of contribution (\$)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

#### SCHEDULE A1

If the reques	ted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Jorna Lopez Harris	3 Filer ID (Ethics Commission Filers)
4 Date 4 Date 4 19 24 8 Principal occu	5 Coll name of contributor  College PAC (ID#:	7 Amount of contribution (\$)  4 25000
- Fillicipal occu	g Employer (See instructions)	cuons)
Date 4/19/24	Full name of contributor oul-of-state PAC (ID#:)  Araceli Puente  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ctions)
Principal occup	Full name of contributor out-of-state PAC (ID#)  Marivel Pr Castro  Contributor address; City: State: Zip Code  Brownshild X  cation / Job title (See Instructions) Employer (See Instru	Amount of contribution (\$)  # 7500 ctions)
Date  Upylyd  Principal occur	Full name of coptributor  Authority  Contributor address;  City;  State; Zip Code  Dation / Job title (See Instructions)  Employer (See Instru	Amount of contribution (\$)
		,
	ATTACH ADDITIONAL CODIES OF THIS SOURDLY 5 AC	NEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A1

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

				4 Total pages Cabadula A4
The	Instruction Guide explains how	v to complete this	form.	1 Total pages Schedule A1:
FILER NAME	Dr. Norma Lor	er Harr	n'S	3 Filer ID (Éthics Commission Filers)
Date 422/24	5 Full name of contributor  Zarawaria  6 Contributor address;	out-of-state PAC out/ogo City;	State; Zip Code	7 Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions	)	9 Employer (See Instr	ructions)
Date	Full name of contributor	_	(ID#:	Amount of contribution (\$)
22	Contributor address:	city: Bowkil	State; Zip Code	* 25-00
Principal occu	upation / Job title (See Instructions)	TIOMIDIA	Employer (See Instr	ructions)
Date	Full name of contributor	out-of-state PAC	(ID#;	_) Amount of contribution (\$)
Date	Full name of contributor  Contributor address;	_		_) Amount of contribution (\$)
		City;		
	Contributor address;	City;	State; Zip Code	
Principal occ	Contributor address; upation / Job title (See Instructions	City;	State; Zip Code  Employer (See Inst	ructions)
Principal occi	Contributor address; upation / Job title (See Instructions Full name of contributor	City;	State; Zip Code  Employer (See Inst	ructions)  _) Amount of contribution (\$)
Principal occi	Contributor address;  upation / Job title (See Instructions  Full name of contributor  Contributor address;	City;	State; Zip Code  Employer (See Inst	ructions)  _) Amount of contribution (\$)
Principal occi	Contributor address;  upation / Job title (See Instructions  Full name of contributor  Contributor address;	City;	State; Zip Code  Employer (See Inst	ructions)  _) Amount of contribution (\$)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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 pages achedule A2:
Dr. Norma Loper Harris	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	\$ \$ 1000 go
5 Date 6 Full name of contributor out-of-state PAC (ID#: The Castle Event Center 7 Contributor address; City; State; BOUSALLE TX	Zip Code  Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date  Full name of contributor   out-of-state PAC (ID#:	Zip Code  Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedu	ile A2:
2 FILER NAMI	Norma Lopez Hams		3 Filer ID (Ethics Con	nmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$ 50000	
5 Date	6 Full name of contributor   out-of-state PAC (ID#	Zip Code	8 Amount of Contribution \$	9 In-kind contribution description  USE OF  EVENT hall le of Texas, Complete Schedule 1
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	r (FOR NON-JUDICIA	L)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUI	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	e (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 outsid	le of Texas. Complete Schedule 1
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUI	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
		A 1		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE F1

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

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

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Coan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Soticitation/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 explai	ns how to complete this form.	, , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	Dr. Norma Lopez	Harris	3 Filer ID (Ethics Commission Filers)
4 Date 4 10 2024	Testa Graducs		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 6386	205 Faredes U	ne Koord Brown	Sulle TX 78521
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	`
PURPOSE OF EXPENDITURE	Advertising expen	se Printed	Golf Shirts
	(c) Check if travel outside of Texas. Complete		stin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  Dr. Norma Lopez Harris	Office sought TS Roard of	Trustees #7 Office held
4/16/2024	Payee name Ross Store		
#25198	2800 Publo Kies	Brownsull	e Tk 78526
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE OF EXPENDITURE	GFT/Awards &	pense Lotteri	a Gifts
	Check if travel outside of Texas. Complete	Schedule T. Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Off	Candidate / Officeholder name  Dr. Norwa Lapez (fam	S FC Band of	Vistees #1
Date 4/17/2024	Payee name HEB Grocer	Ч	
#103 28	2155 Paredes W	ne food Brains	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Schedule) Description	soft danks
LAI LIADITORE	Chack if traval or dride of Toyor Complete	School of	atio TV afficeholdes living avenue

Complete ONLY if direct expenditure to benefit C/Of

Candidate / Officeholder name

Office held

SCHEDULE F1

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

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

Advertising Expense Accounting/Banking	Event Expense Fees		ment/Reimbursement head/Rental Expense	Solicitation/Fundraisin	ng Expense nent & Related Expense
Consulting Expense Contributions/Donations Made B	Food/Beverage Expe	ense Polling Exp	ense	Travel In District Travel Out Of District	ion a nelated expense
Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Salaries/W	ages/Contract Labor	Other (enter a categor	y not listed above)
		Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	Dr. Norma	oper Harri	S	3 Filer ID (Ethics	Commission Filers)
4-4-2024	5 Pavee name Dollar Tree				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
#74!!	4445 N	Expressiva	183 Bou	unoulle tx	76520
8	(a) Category (See Categories liste	d at the top of this schedule)	(b) Description	- 1	
PURPOSE	6 1 12	- 0	C 1-	s for lo	Heria
OF EXPENDITURE	Event Expen	30	Supple	2 (01 W	1101
	(c) Check if travel outside of	Texas. Complete Schedule T.		n, TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder	ez Harris	Office sought* TSC Board	of Trustee	Office held
Date	Payee name				
4/5/24	Sarah ter	guson			
Amount (\$)	Payee address;	J	City;	State;	Zip Code
\$ 59500	2727/2	E. Mile 6 Ra	ad Wission	水龙	78523
	Category (See Categories listed	at the top of this schedule)	Description	7	
PURPOSE OF	1 1 1	<i>r</i> .	Tue	1.1-	
EXPENDITURE	Havertising	EXPENSE	188-	Shirts	
	Check if travel outside of	Texas. Complete Schedule T.	Check if Austi	n. TX. officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder	. 1	Office sought		Office held
expenditure to benefit C/OI	ir. Norma Lopez	Harris To	Board of The	ustee #7	
Date	Payee name				
415124	Mirna Ra	mirez			
Amount (\$)	Payee address;		City;	State;	Zip Code
\$ 15000	3537 Calle	Costa Rica	Braine	ille TX	78526
	Category (See Categories listed	at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expe	ase	M.C.	for latter	íðe.
	Check if travel outside of	Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder	name	Office sought	- , , , , , , , , , , , , , , , , , , ,	Office held
expenditure to benefit C/Of	Dr. Norma Lopez	Harris 19	Boardof	Triotees #1	1
	ATTACH ADDITION	NAL COPIES OF THIS	SCHEDULE AS NE	EDED	
F				W	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment  Total pages Schedule F1: 2 ENER NAME  Event Expense Foes Food/Beverage Expense Printing Expense Printing Expense Printing Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Printing Expense Food/Beverage Expense Food/Beverage Expense Printing Expense Food/Beverage Expe	re)
1 Total pages Schedule F1: 2 EILER NAME 3 Filer ID (Ethics Commission F	ilers)
5 Dr. Norma Lopez Harris	
4 Date 1/1024 5 Payee name Courth	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
#18000 Dep-Papel Calle Victoria #70 Matemores Mx 873	00
8 (a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE Advertising Expense Cups, Dens, Stickers	
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder tiving expense	
9 Complete ONLY if direct expenditure to benefit C/OH Dr. Norma Lower Ham's To know a Trustees Hy Office held	
419/24 Payee name Donuts	
Amount (\$) Payee address; Zip Code  # 4609  109 America Drive Brownsville TX 7858	16
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Description  Description  Description  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin. TX. officeholder living expense	100
Complete ONLY if direct candidate / Office holder name office sought expenditure to benefit COM Norma OPEN Harris Ec Brand of Trustees #19	
HIGIORY Rodrigo Moreno	
Amount (s) Payee address: Zip Code 3892 Magnolia Circle Braynsvilletx 785	2-1
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Description  Texting 9 Facebook Man	iqenai
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). Norma open tants To tear of tustes to	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

SCHEDULE F1

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

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

Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services	Office Ove Polling Exp rise Printing Ex		Solicitation/Fundraising Exp Transportation Equipment & Travel In District Travel Out Of District Other (enter a category not li	Related Expense
Credit Card Payment		The Instruction Guide	explains how to c	omplete this form.	,	
1 Total pages Schedule F1:	2 FILER N	Norma Cope	Harris	-	3 Filer ID (Ethics Comm	nission Filers)
4 Date 4 3 1 34	5 Payee na	1-Mart				
6 Amount (6)	Payee as	00 W. Alfor	n Gloor	Blus Baun	1/	57-0
8	(a) Categor	y (See Categories listed at the to	op of this schedule)	(b) Description	0/1/	
PURPOSE OF EXPENDITURE	Gifts	Awards Exp	Pense	Gifts	for lotteria	_
	(c)	Check if travel outside of Texas. Co	omplete Schedule T.	Check if Aus	tin, TX, officeholder living expens	se
9 Complete ONLY if direct expenditure to benefit C/Oh	4	ate / Officeholder name	Harris -	Office sought	Trustees to Office	e held
4/22/24	Payee no	sta Gashik	5			
Amount (\$)	Payee a	ddress:	) 0	City;	State; Zij	Code
\$5412	200	Flaredes	Line K	and brow	nsule to 7	8521
	Category	(See Calegories listed at the to	p of this schedule)	Description	. 1 .	
PURPOSE OF EXPENDITURE	Adve	rtising Exp	pense	Yard SI	ign stands	
		Check if travel outside of Texas. Co	omplete Schedule T.	Check if Aus	tin. TX. officeholder living expens	se
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name	e Harris	Office sought	of trustees #	held 7
Ularla 4	Payee n	driao Mon	eno			
Amount (\$)	Payele a	92 Magno	l'a Circ	de Bours	State; Zi	857-P
PURPOSE OF EXPENDITURE	Adv	etising by	usl	Description Text and	d tacebook	lanagement
Complete ONLY if direct	Candid	Check if travel outside of Texas. Co	<del></del>	Office sought	tin, TX, officeholder living expens	e held
expenditure to benefit C/OF	_	Jorna Cope	s taras	KcRoad	of Trustees#7	7
	AT	TACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS NE	EDED	
Forms provided by Texas Eth	nics Commiss	sion ww	w.ethics.state.tx.	us	Re	evised 8/17/2020

### SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule F1: 5 Zip Code State: 8 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder Office held Candidate / Officehdider name 9 Complete ONLY if direct expenditure to benefit C/OH Zip Code State: City; Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schodule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Zip Code State: City; Payee address: Amount (\$) Description Category (See Categories listed at the lop of this schedule) PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED