

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

APR 26 2024

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>Dr.</b> FIRST: <b>Norma</b> NICKNAME: <b>Lopez</b> LAST: <b>Harris</b> SUFFIX: <b>D.</b>	<b>Office of the President</b>	
<b>OFFICE USE ONLY</b>		Date Received	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> Change of Address	ADDRESS / PO BOX: <b>3216 Basque Drive</b> APT / SUITE #: <b>Braunsville, TX</b> CITY: <b>78520</b> STATE: ZIP CODE		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <b>(956)</b> PHONE NUMBER: <b>459-0471</b> EXTENSION:		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>THOMAS</b> FIRST: <b>Harris</b> NICKNAME: LAST: SUFFIX: <b>R.</b>	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE): <b>3216 Basque Drive</b> APT / SUITE #: CITY: <b>Braunsville TX</b> STATE: ZIP CODE: <b>78520</b>	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <b>(469)</b> PHONE NUMBER: <b>371-8522</b> EXTENSION:		
<b>9 REPORT TYPE</b>	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year: <b>4 / 5 / 2024</b> THROUGH Month Day Year: <b>4 / 26 / 2024</b>		
<b>11 ELECTION</b>	ELECTION DATE: Month Day Year: <b>5 / 4 / 2024</b>	ELECTION TYPE: Primary Runoff Other Description: <input checked="" type="checkbox"/> General Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>Texas Southmost College Board of Trustees</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE TYPE: GENERAL		COMMITTEE NAME	
COMMITTEE TYPE: SPECIFIC		COMMITTEE ADDRESS	
COMMITTEE TYPE:		COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE TYPE:		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

**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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3100 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5125 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 5309 <sup>79</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1324.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

*Norma A. Harris*  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

**(2) Unsworn Declaration**

My name is Norma D. Harris and my date of birth is 11-19-1972  
 My address is 3216 Basque Drive Brownsville, Tx, 7852, Cameron  
(street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)  
*Norma D. Harris*  
 Signature of Candidate/Officeholder (Declarant)

# 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		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5125 <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1500 <sup>00</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ - 0 -
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5309 <sup>79</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0 -
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0 -
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ - 0 -
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0 -
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0 -
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0 -
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0 -

# MONETARY POLITICAL CONTRIBUTIONS

# 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: <b>4</b>
2 FILER NAME <b>Dr. Norma Lopez Harris</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/9/24</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Giberto Hinojosa</b>	7 Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
	6 Contributor address; City; State; Zip Code <b>[REDACTED] Brownsville Tx 78520</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/11/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Griselda Muñoz</b>	Amount of contribution (\$) <b>\$ 50<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>[REDACTED]</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/17/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jeffery Garcia</b>	Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>[REDACTED] Falls City TX 78113</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/19/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Yvonne Sakrac-Hatley</b>	Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>[REDACTED] Brownsville, tx 78526</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# 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: <b>4</b>
2 FILER NAME <b>Dr. Norma Lopez Harris</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-5-2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Eliza Vasquez</b>	7 Amount of contribution (\$) <b>\$100<sup>00</sup></b>
6 Contributor address; City; State; Zip Code [Redacted] <b>San Benito TX 78586</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4-5-2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Yvette Garcia</b>	Amount of contribution (\$) <b>\$25<sup>00</sup></b>
Contributor address; City; State; Zip Code [Redacted] <b>Ekinburg TX 78542</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-5-2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Dora Garcia</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Brownsville TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/8/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Carmen Nordyke</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>
Contributor address; City; State; Zip Code [Redacted] <b>Rancho Viejo, TX 78575</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>Dr. Norma Lopez Harris</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/19/24</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Robert M. Walsdorf</b>	7 Amount of contribution (\$) <b>\$ 250<sup>00</sup></b>
	6 Contributor address; City; State; Zip Code <b>[REDACTED] Los Fresnos, TX 78566</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/19/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Araceli Puente</b>	Amount of contribution (\$) <b>\$ 25<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>Brownsville TX</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/22/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Marivel P. Castro</b>	Amount of contribution (\$) <b>\$ 175<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>Brownsville TX</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/22/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Aylin Peña</b>	Amount of contribution (\$) <b>\$ 25<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>Brownsville TX</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# 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: <b>4</b>
2 FILER NAME <b>Dr. Norma Lopez Harri's</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/22/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Zaramaria Quiroga</b>	7 Amount of contribution (\$) <b>\$ 50<sup>00</sup></b>
6 Contributor address; City; State; Zip Code [Redacted] <b>Bourneville 78526</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Zaloma Reyes</b>	Amount of contribution (\$) <b>* 25<sup>00</sup></b>
Contributor address; City; State; Zip Code [Redacted] <b>Bourneville TX 78526</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.		1 Total pages Schedule A2: <u>2</u>	
2 FILER NAME <u>Dr. Norma Lopez Harris</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>\$1000.00</u>	
5 Date <u>4-4-24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>The Castle Event Center</u>	8 Amount of Contribution \$ <u>\$500.00</u>	9 In-kind contribution description <u>Use of Center for lotteria</u>
7 Contributor address; City: State: Zip Code <u>[Redacted] Brownsville TX 78526</u>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>	
12 Contributor's principal occupation (FOR JUDICIAL) <u>N/A</u>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <u>N/A</u>	
14 Contributor's employer/law firm (FOR JUDICIAL) <u>N/A</u>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <u>N/A</u>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>4-4-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mr. Taco</u>	Amount of Contribution \$ <u>\$500.00</u>	In-kind contribution description <u>food for lotteria</u>
Contributor address; City: State: Zip Code <u>[Redacted] Brownsville TX 78521</u>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>	
Contributor's principal occupation (FOR JUDICIAL) <u>N/A</u>		Contributor's job title (FOR JUDICIAL) (See Instructions) <u>N/A</u>	
Contributor's employer/law firm (FOR JUDICIAL) <u>N/A</u>		Law firm of contributor's spouse (if any) (FOR JUDICIAL) <u>N/A</u>	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			



# 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.		1 Total pages, Schedule A2: <u>2</u>	
2 FILER NAME <u>Dr. Norma Lopez Harris</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>\$500<sup>00</sup></u>	
5 Date <u>4/21/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>The Castle Event Center</u>	8 Amount of Contribution \$ <u>\$500<sup>00</sup></u>	9 In-kind contribution description <u>use of event hall</u>
7 Contributor address: _____ City: _____ State: _____ Zip Code: _____ <u>Brownsville TX 78526</u>		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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; _____ City: _____ State: _____ Zip Code: _____		
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.

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>	2 FILER NAME <b>Dr. Norma Lopez Harris</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/10/2024</b>	5 Payee name <b>Fiesta Graphics</b>
----------------------------	--

6 Amount (\$) <b>\$ 638<sup>6</sup></b>	7 Payee address; City; State; Zip Code <b>205 Paredes Line Road Brownsville TX 78521</b>
--	---

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Dr. Norma Lopez Harris</b>	Office sought <b>TSC Board of Trustees #7</b>	Office held
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Date <b>4/10/2024</b>	Payee name <b>Ross Store</b>
--------------------------	---------------------------------

Amount (\$) <b>\$251<sup>98</sup></b>	Payee address; City; State; Zip Code <b>2800 Pablo Kiesl Brownsville TX 78526</b>
--	--

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Dr. Norma Lopez Harris</b>	Office sought <b>TSC Board of Trustees #7</b>	Office held
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Date <b>4/17/2024</b>	Payee name <b>HEB Grocery</b>
--------------------------	----------------------------------

Amount (\$) <b>\$103<sup>28</sup></b>	Payee address; City; State; Zip Code <b>2155 Paredes Line Road Brownsville TX 78526</b>
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>water, soft drinks</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Dr. Norma Lopez Harris</b>	Office sought <b>TSC Board of Trustees #7</b>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>		2 FILER NAME <b>Dr. Norma Lopez Harris</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4-4-2024</b>		5 Payee name <b>Dollar Tree</b>			
6 Amount (\$) <b>\$74<sup>11</sup></b>		7 Payee address; City; State; Zip Code <b>4445 N. Expressway 83 Brownsville TX 78520</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		(b) Description <b>Supplies for Lotteria</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Dr. Norma Lopez Harris</b>		Office sought* <b>TSC Board of Trustees #7</b>	
Date <b>4/5/24</b>		Payee name <b>Sarah Ferguson</b>			
Amount (\$) <b>\$595<sup>00</sup></b>		Payee address; City; State; Zip Code <b>2727 1/2 E. Mile 6 Road Mission TX 78523</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Tee-Shirts</b>		
	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 name <b>Dr. Norma Lopez Harris</b>		Office sought <b>TSC Board of Trustees #7</b>	
Date <b>4/5/24</b>		Payee name <b>Mirna Ramirez</b>			
Amount (\$) <b>\$150<sup>00</sup></b>		Payee address; City; State; Zip Code <b>3537 Calle Costa Rica Brownsville TX 78526</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		Description <b>M.C. for Lotteria</b>		
	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 name <b>Dr. Norma Lopez Harris</b>		Office sought <b>TSC Board of Trustees #7</b>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>		2 FILER NAME <b>Dr. Norma Lopez Harris</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/19/2024</b>		5 Payee name <b>Alma Cantu</b>			
6 Amount (\$) <b>\$18000</b>		7 Payee address; City; State; Zip Code <b>Dep-Papel Calle Victoria #70 Matamoros, MX 87300</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Cups, pens, stickers</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held <b>Dr. Norma Lopez Harris TSC Board of Trustees #17</b>			
Date <b>4/19/24</b>		Payee name <b>Shipley Donuts</b>			
Amount (\$) <b>\$4609</b>		Payee address; City; State; Zip Code <b>109 America Drive Brownsville TX 78526</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <b>Donuts for thank you</b>		
	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 name Office sought Office held <b>Dr. Norma Lopez Harris TSC Board of Trustees #17</b>			
Date <b>4/19/2024</b>		Payee name <b>Rodrigo Moreno</b>			
Amount (\$) <b>\$10000</b>		Payee address; City; State; Zip Code <b>3892 Magnolia Circle Brownsville TX 78521</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Texting &amp; Facebook Management</b>		
	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 name Office sought Office held <b>Dr. Norma Lopez Harris TSC Board of Trustees #17</b>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>	2 FILER NAME <b>Dr. Norma Lopez Harris</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/21/24</b>	5 Payee name <b>Wal-Mart</b>
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6 Amount (\$) <b>\$291.35</b>	7 Payee address: <b>3500 W. Alton Gloor Blvd Brownsville Tx 78520</b>	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Gifts/Awards Expense</b>	(b) Description <b>Gifts for Lotteria</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Dr. Norma Lopez Harris</b>	Office sought <b>TSC Board of Trustees #7</b>	Office held
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Date <b>4/22/24</b>	Payee name <b>Fiesta Graphics</b>
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Amount (\$) <b>\$54.12</b>	Payee address: <b>205 Paredes Line Road Brownsville Tx 78521</b>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>yard sign stands</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Dr. Norma Lopez Harris</b>	Office sought <b>TSC Board of Trustees #7</b>	Office held
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Date <b>4/22/24</b>	Payee name <b>Rodrigo Moreno</b>
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Amount (\$) <b>\$2000.00</b>	Payee address: <b>3892 Magnolia Circle Brownsville Tx 78521</b>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Text and Facebook Management</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Dr. Norma Lopez Harris</b>	Office sought <b>TSC Board of Trustees #7</b>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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: 5 2 FILER NAME Dr. Norma Lopez Harris 3 Filer ID (Ethics Commission Filers)

4 Date 4/24/24 5 Payee name MR. TACO

6 Amount (\$) \$500.00 7 Payee address; City; State; Zip Code  
1034 Mc Davitt Blvd Brownsville TX 78521

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Tacos for Lotteria  
(c)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Dr. Norma Lopez Harris Office sought TSC Board of Trustees #17 Office held

Date Payee name

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

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
 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 name Office sought Office held

Date Payee name

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

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
 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 name Office sought Office held

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