Toyas Southmost College

			Texas Souli	IIIIOSt (Dollege	
		CEHOLDER E REPORT	APR	4 2024	COVED O	ORM C/OH HEET PG 1
The C/OH Instruction 0	Guide explains how	to complete this form.	1 Filer ID (Ethics Comm		2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	Norma	Office of t	ne Pres		USE ONLY
NAME	NICKNAME (Dez Harris		BUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	3216 Bas	oue Drive B		BS26		
Change of Address					İ	1
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	PHONE NUMBER 459-0471	EXTENSION		Date Hand-delivered	l or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	Thomas	1	5	Receipt #	Amount \$
NAME		כחוות		·	Date Processed	
	NICKNAME	Harris		BUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	NO PO BOX PLEASE); APT / SU			STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business)	3216 Bas	Que Drive	Brow	nsvill	le tx	78570
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(469)	371-852	2			}
9 REPORT TYPE	January 15	30th day before el	lection Runoff			iter campaign ppointment or Only)
	July 15	8th day before elec	ction Exceede Reportir	ed Modified ng Limit	Final Repor	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	29 /2024	THROUGH	Honth /	Pay Year	024
11 ELECTION	ELECTION DA		ELI	ECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	5/4/	2024 X General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOU TEXAS	South	"nost Call	lege Board Tru
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS (CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIF	MAY HAVE BEEN MADE WITH	OUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	4 FINAINCE	. KLFOKI			
15 C/OH NAME				16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES	NITEMIZED POLITICAL S, LOANS, OR GUARAN BUTIONS MADE ELECTI		٧	\$ 288500
		OLITICAL CONTRIBU HAN PLEDGES, LOANS	JTIONS S, OR GUARANTEES OF LOANS)	\$ 10,72000
EXPENDITURE TOTALS	3. TOTAL UN	NITEMIZED POLITICAL	EXPENDITURE.		\$0-
	4. TOTAL P	OLITICAL EXPENDIT	URES		\$ 9210.94
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTION	ONS MAINTAINED AS OF THE LA	ST DAY	\$ 1509,06
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF A	ALL OUTSTANDING LOANS AS C PERIOD	F THE	\$-0-
				ue and co	prrect and includes all information
re	quirea to be reported b	y me under Title 15, Ele	Clion Code.		. 100
			Yorma	. D	Narris
			Gignature of C	andidate	or Officeholder
		1			
		Please comple	ete either option belo	w:	
			·		9
(1) Affidavit					
()					
NOTARY STAMP/SEA	M.				
			Alicha Africa		day of
Sworn to and subscribed			this the	· ——	day of,
20, to certify	y which, witness my hai	nd and seal of office.			
Signature of officer administ	ering oath	Printed name of offic	er administering oath		Title of officer administering oath
			OR		
(2) Unsworn Declarat	ion	,			
My name is	ma D. H	ams	and my date of birth	is	-19-1972
My address is 321	6 BASQU	e Whe	_ Boursile	78.	78570 (AMED)
	(stree		A	(state)	(zip code) (country)
Executed in	eron County, St	ate of TEXOS	_ , on the day of (mor		, 20 <u>24</u> . (year)
			Signature of Cand	didate/Off	iceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		es Commission Filore)
19	FILER NAME 20 Filer ID (Ethi	cs Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7585,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$25000
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8227.68
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s O
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s s O
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 983.26
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	с/он \$ О
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE TO FILER	\$ 0

SCHEDULE A1

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

tod information to that appropriately 2.2.	
Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Jorna Coper Harros	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) \$\int_{000.00}\$ 7 Amount of contribution (\$)
pation / Job title (See Instructions) 9 Employer	r (See Instructions)
Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
pation / Job title (See Instructions) Employee	r (See Instructions)
Full name of contributor out-of-state PAC (ID#: Thomas R. Harris Contributor address; City; State; Zi Brownsalle TX	ip Code # 1000.00
	le Transportation LC
Robert M. Fennell Contributor address: City; State; Zi Dallas TX 75	. 1 4 1111.110
	transfortation, UC
	5 Full name of contributor out-of-state PAC (ID#:

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

SCHEDULE A1

If the requested information to not applicable, 22 to 2 the annual time page to a	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Dr. Norma loper Harris	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Open Principal occupation / Job title (See Instructions)	uctions) NACH
Date Full name of contributor Contributor Contributor Contributor City: Contributor address; City: Contributor Contributor Contributor Contributor Contributor Contributor Contributor Contributor Contributor	Amount of contribution (\$) # 1000, 00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 450,00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Solara	ructions)
Date Full name of contributor Contributor out-of-state PAC (ID#	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Ins	tructions)

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. Woma Lopez Harris	3 Filer ID (Ethics Commission Filers)
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)	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3-21-2024 Contributor address; City; State; Zip Code Bawnalle, TV 78520	\$3500
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor [out-of-state PAC (ID#:) Norma D. Lovez tards	Amount of contribution (\$)
HIGH JOH Contributor address; City; State; Zip Code Brownsv. Uct 18530	\$ 1000.00
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Valley Registrations	eval Hospital
Date Full name of contributor, out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address: City: State; Zip Code South labe & TX 78597	#300 eo
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
·	

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.

If the requested information is not applicable, be the rimerate time page in and	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
D. Norma Coper Harris	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 3/14/204 6 Contributor address; City; State; Zip Code Brownsville ** 78520	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) Logistics Mawager 4 Dode Trans	
Date Full game of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Valley Real	enal Hospital
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Value 4	ructions)
Date Full name of contributor Tand Javed Contributor address; City; State; Zip Code Prownsule 1X 78536	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED

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

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	orma loper Harris		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
HIJOOY Principal occi	6 Contributor address; City;	State; Zip Code WISUU-BSJ0 9 Employer (See Instruction	# 200 00 ons)
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)
43/2024	Contributor address; City;	State; Zip Code Bayrshill 78536	#150,00
Principal occu	e Supplemental Descriptions of the second se	Employer See Instruction	ons)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	1		
	Contributor address; City;	State; Zip Code	
Principal occ			ions)
Principal occ	Contributor address; City;	State; Zip Code	ions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include	e this page	in the report.	
The Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:	
Dr. Norma lopez Harris	3 Filer ID (Ethics Con	nmission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS	\$ \$ 25000	
5 Date 6 Full name of contributor out-of-state PAC (ID#:)	Contribution \$	9 In-kind contribution description
2/16/2024 7 Contributor address: City; State;	zip Code 24 Sulle TX	35000 □ Check if travel outside	Push Card5 de of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	1	er (FOR NON-JUDICIA	AL)(See Instructions)
Refired 12 Contributor's principal occupation (FOR JUDICIAL) 13 Total Contributor's principal occupation (FOR JUDICIAL)	N/A	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	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		Amount of Contribution \$	In-kind contribution description
Contributor address; City; State;	Zip Code	Check if travel outsi	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law fir	m of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
185			
ATTACH ADDITIONAL COPIES OF	THIS SCHE	DULE AS NEEDED	
If contributor is out-of-state PAC, please see Instruc	ction guide fo	or additional reportir	ng requirements.

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 Credit Card Payment	
Total pages Schedule F1:	2 FILER NAME JORNA LODEZ Hams 3 Filer ID (Ethics Commission Filers)
29/2024	5 Payee address City; State; Zip Code
*1500°°	3892 Magalia Circle Bounity 78521
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Top of this schedule) (b) Description Advertising Expense Artz Design - Pink Ape Medla
	(c) 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/OH	Dr. Nama Lopiez Harris TSC Board of Trustees #1
H14/2024	Rodrigo Moreno
\$ 1000 00	Payee address:) City: State: Zip Code 3892 Magalia Circle Bankill TX 78521
PURPOSE OF EXPENDITURE	Advertising Expense Artual Ank Apelledia
	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	Dr. Norma lopez Harris TSC Board of Trustees#17
H15 2024	Fresta Graphics
Amount (\$)	205 Paredes Live Led Brownsulle TX 78521
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advertising Expense Signs/Political Deposit
	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/Ol	Dr. Norma Lopez Harris TSC Board of Trustees # 7
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

www.ethics.state.tx.us

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME, Jorma de Larris 3 Filer ID (Ethics Commission Filers) 5 Payee pame
3/4/2024	7 Payee address; City, State; Zip Code
6 Amount (\$)	205 Paredes Cine Poad Frainsille tX 78521
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advertising Expense Final Payment for Signs
	(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	Dr. Norma loper Harris TSC board of Trusties #17 office held
3/8/2024	Rosalinda Robenseifer
Amount (\$)	Payee address; City; State; Zip Code
#38000	2004 Turtle Lane Wission TX 78572
PURPOSE OF EXPENDITURE	Advertising Expense Tee-Shirts
	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/OF	Dr. Norma Lopez Harris Tec Board of Trustees #7 Office held
3/14/2024	Rolrigo Moreno
Amount (\$)	Payee address: City; State; Zip Code
\$500°	3892 Magalia Circle Boursille TX 7852
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advertising Expense Advertising/Eacebook
	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 / Officeholder name Office sought Office held To Bard of Trustees #7
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

II die request	
	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	
Credit Card Payment	The Instruction Guide explains how to complete this form.
Total pages Schedule F1:	2 FILER NAME Dr. Normalopez Harris 3 Filer ID (Ethics Commission Filers)
3/14/2024	5 Payername Rodrigo Moreno City: State: Zip Code
6 Amount (\$)	7 Payee address; City: State: Zip Code
JG000	3892 Magalia Circle Brownslett 78521
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advertising Expense Hush Cards
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
O Complete ONLY if direct	Candidate / Office holder name Office sought A: Office held
9 Complete ONLY if direct expenditure to benefit C/Ot	- 1 : 11() 4 () 1 . 12()
Date	Payee name
3/20/2024	Sarah terguson
Amount (\$)	Payee address; City; State; Zip Code
\$ 25000	2727 LE. Mile le Road Mission TX 78573
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	1 Tree-Shirts Campaign
OF EXPENDITURE	Adverting lee-shirt company
-	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/O	D. Norma lope Hacris Toc Boad of hostes"/
Date	Payee name
3/20/2024	Rodrigo Moreno
Amount (\$)	Payee address:
\$ 100000	3892 Magalia Circle Brownsellett 7852
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advertising Expense Campaign lext Messagine
	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 / Officeholder name / Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
1	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Gilt/Awards/Memorials Expense Committee Event Expense Food Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gilt/Awards/Memorials 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.			
Total pages Schedule F1:	2 FILER NAME, Jorna Lopes Harris 3 Filer 1D (Ethics Commission Filers)			
3 25 2004	5 Payee name The Thic Spot City: State; Zip Code			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
H650	1601 E. Alten Gloor Blud# 103 Brownsille to 78-26			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Business Cards/Exent tickets			
EXPENDITURE	Check if Austin TX officeholder living expense			
	Office hold			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office flower flame			
3/21/2024	Festa Graphics City: State; Zip Code			
#81 18	Jos Paredes Line Road Brownsille TX 78521			
PURPOSE OF EXPENDITURE	Advertising Expense Campaign Bumper Stickers			
	Check if Iravel outside of Texas. Complete Schodule 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 Office sought Office held Office sought Trustees #7			
Haland	Mina Ramirez			
Amount (\$)	Payee address; City; State; Zip Code			
\$5000	3537 Calle Costa Bon Bransville TX 78526			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF EXPENDITURE	Event Expense MC. Lottery Deposit thent			
	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 / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
ATTACH AUDITIONAL CUPIES OF THIS SCHEDULE AS NELDED				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political					
948	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F4:	2 FILERNAME Dr. Norma Loper Harris 3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 983.26					
5 Date 2-20-2024	6 Payee name Stayles				
7 Amount (\$)	8 Payee address; City: State; Zip Code				
\$178.60	2436 Publo Kiesl BlvD Brownsville TX 78526				
9 TYPE OF EXPENDITURE	Political Non-Political				
10	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE	of Malvertising appeals Tyers for Campagen				
(c) Check if fravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exper					
11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OHDr. Norma Lopez Harris Tex Royal of Trustees #7					
3-14-2024	Payee name Fiesta Graphics				
Amount (\$)	Payee address; City; State; Zip Code				
\$54.12	205 Paredes Line Road Brownsville TX 78521				
TYPE OF EXPENDITURE	Political Non-Political				
	Category (See Categories listed at the top of this schedule) Description				
PURPOSE OF EXPENDITURE	Advertising Expense Yard sign wire stand				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
50 DO	Candidate / Officeholder name Office sought Office held				
expenditure to benefit C/Or Dr. Norma loper Harris Te Board of trister #7					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Althorising Expense Consider Expense					
Accounting Statings Consider to Exement Consider to Consider t	EXPENDITURE CATEGORIES FOR BOX 10(a)				
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 3-2024 6 Payee name 3-2024 7 Amount (8) 8 Payee address: 10 Carpers 10 Carpers 10 Carpers 11 Complete ONLY if direct expenditure to benefit Cross 12 Date 13 Date 14 Carpers 15 Date 16 Payee address: 17 Candidate / Office holder name 17 Candidate / Office holder name 18 Payee address: 19 Cate of Travel Country 10 Candidate / Office of Travel Country 11 Complete ONLY if direct expenditure to benefit Cross 12 Payee name 13 Date 14 Payee address: 15 Date 16 Payee address: 17 Candidate / Office holder name 17 Candidate / Office holder name 18 Payee address: 19 Payee address: 10 City: State: Zip Code 11 Check if Auslin, TX, officeholder hirry expense 12 Payee name 13 Date 14 Payee address: 14 City: State: Zip Code 15 Payee name 16 Payee address: 17 City: State: Zip Code 17 Payee name 18 Payee address: 18 Payersulfe TX Pasade 19 Payee address: 19 Payee address: 19 Payee address: 10 City: State: Zip Code 17 Payee Degree Spenditure 10 Political 10 Category (See Calegories isted at the top of this schedule) 10 Description 11 Complete Only if direct expenditure to benefit Cross 12 Political 13 Payersulfe TX Pasade 14 Payersulfe TX Pasade 15 Payersulfe TX Pasade 16 Payersulfe TX Pasade 17 Check if Auslin, TX, officeholder fiving expense 17 Check if fused country if office sought 18 Payersulfe TX Pasade 19 Payersulfe TX Pasade 10 Check if fused country if office sought 10 Office hold 10 Check if fused country if office sought 11 Complete Only if direct expenditure to benefit Cross 12 Payersulfe TX Pasade 13 Payersulfe TX Pasade 14 Payersulfe TX Pasade 15 Payersulfe TX Pasade 16 Payersulfe TX Pasade 17 Payersulfe TX Pasade 18 Payersulfe TX Pasade 18 Payersulfe TX Pasade 19 Payersulfe TX Pasade 10 Payersulf	Accounting/Banking Consulting Expense Contributions/Donations Made By	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 3-2-30-30-44	1 Total pages Schedule F4:	2 FILERNAME	ca'S	3 Filer ID (Ethics Commission Filers)	
Type of Expenditure (a) Category (See Categories Sisted at the top of this schedule) Paye and It is a Candidate / Office hold Amount (S) Payee address: City: State: Zip Code Brownsuillett 78571 Post of Expenditure (a) Category (See Categories Sisted at the top of this schedule) Purpose Expenditure (b) Description Authority Grand Complete Only if direct expenditure to benefit Cross Payee name Type of Expenditure Payee address: City: State: Zip Code Check if Austin, TX, officeholder him generase Office sought Office held Office held Office held Office held Description Purpose Expenditure Purpose Expenditure Category (See Categories listed at the top of this schedule) Purpose Expenditure Category (See Categories listed at the top of this schedule) Category (See Categorie					
PURPOSE EXPENDITURE Candidate / Office holder from the schedule Candidate Complete Office	2 22 2 211	6 Payee name Fiesta Graphics			
TYPE OF EXPENDITURE Second content of the	7 Amount (\$) \$18943	2 2 1 5	_		
PURPOSE EXPENDITURE Complete ONLY if direct expenditure to benefit C/ON Candidate / Officeholder name Office sought Office held	TIPE OF	4			
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/ON P. NorMa Lope, Farri's Technology to the payer name Payer name Tyador Supply Amount (s) Payer address: City: State: Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/ON A. NorMa Lopez Yarris Tsc Roard of Trustees T. Complete ONLY if direct expenditure to benefit C/ON A. NorMa Lopez Yarris Tsc Roard of Trustees T.	PURPOSE	An In Burgon	chedule) (b) Description HXH (Campaign Signs	
Complete ONLY if direct expenditure to benefit COMP. Normal lapse tarn's tarband of trustees #7 Payee name Tractor Supply Payee address: City: State: Zip Code ### Rownshite TX 78520 TYPE OF EXPENDITURE Political Category (See Categories listed at the top of this schedule) Purpose EXPENDITURE Concept travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Complete ONLY if direct expenditure to benefit COMP. Normal Lapses Taxn's Tax Roard of Trustaces #7		(c) Check if travel outside of Texas. Complete Sc	chedule T. Check if Au	stin, TX, officeholder living expense	
Amount (\$) Payee address: City; State; Zip Code ### Type Of Expenditure Political	Complete ONLY if direct expenditure to benefit C/ONTO XI I I I I I I I I I I I I I I I I I I				
TYPE OF EXPENDITURE Political	3/2024	Payee name Tractor Supply	1		
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PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Check if Austin, TX, officeholder living expense Candidate / Officeholder name	57432	1989 Military Hwy	1 Brownsu	le tx 78520	
PURPOSE OF EXPENDITURE Advertising Expense Metal t-Tosts Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder (Iving expense) Candidate / Officeholder name Office sought Office held expenditure to benefit C/OHD. Norma Lopez Harris Tsc Roard of Trustees #7		Political	Non-Political		
Candidate / Officeholder name Office sought Office held expenditure to benefit C/OHDr. Norma Lopez Harris TSC Roard of Trustees#7	OF	Advertising Exper	se Metal	ustin, TX, officeholder living expense	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
A Indiana de la companya de la compa					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		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	s how to complete this form.					
1 Total pages chedule F4:	Dr. Norma Coper 4	arris	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$							
5 Day 7024	6 Payee name / S Discou	nts					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code				
#11913	2440 Pablo Kisel	Brownsvill	e TX 78526				
9 TYPE OF EXPENDITURE	Political	Non-Political	2				
10	(a) Category (See Categories listed at the top of this		A				
PURPOSE OF	Frient Expense	2 Gifte	for lotteria Fundaiser				
EXPENDITURE			1998 8000				
	(c) Check if travel outside of Texas. Complete S		ustin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OND. Norma OPE2 Harris Tec Board of trustees #7							
4312024	Payee name Wal-Mart						
Amount (\$)	Payee address;	City;	State; Zip Code				
27841	2721 Boca Chica	BlvD Browns	ville TX 78521				
TYPE OF EXPENDITURE	Political	Non-Political					
	Category (See Categories listed at the top of this	s schedule) Description					
PURPOSE OF EXPENDITURE	Event Expense Gifts for Cotteria						
	Check if travel outside of Texas, Complete	e Schedule T. Check if	Austin, TX, officeholder living expense				
	Candidate / Officeholder name	Office sought	Office held				
complete ONLY if direct expenditure to benefit C/OFF Dr. Norma Coper Harris Tec Board of Trustees#7							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Advertising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Travel Out Of District Printing Expense Contributions/Donations Made By Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: FILER NAME RES CHARGED TO A CREDIT CARD 4 TOTAL OF UNITEMIZED EXPENDIT \$ 6 Payee name TYPE OF Non-Political Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T, (C) Office sought Candidate / Officeholder,name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Payee address; Amount (\$) TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T, Check if Austin, TX, officeholder living expense

Office held

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name