

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

APR 4 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>		<b>Office of the President</b>	
MS / MRS / MR <b>Dr.</b>	FIRST <b>Norma</b>	MI <b>D.</b>	<b>OFFICE USE ONLY</b>
NICKNAME <b>Lopez Harris</b>	LAST <b>Harris</b>	SUFFIX	Date Received
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>3216 Basque Drive Brownsville TX 78520</b>		
<input type="checkbox"/> Change of Address			
<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	FIRST <b>Thomas</b>	MI <b>R.</b>
	NICKNAME	LAST <b>Harris</b>	SUFFIX
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3216 Basque Drive Brownsville TX 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 checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <b>1 / 29 / 2024</b> <b>4 / 4 / 2024</b>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <b>5 / 4 / 2024</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>Texas Southmost College Board Trustee #17</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE    COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME 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)	\$ 2885 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,720 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 9210.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1509.06
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 D. 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 78520 Camerpn  
(street) (city) (state) (zip code) (country)  
 Executed in Camerpn County, State of Texas, on the 4 day of April, 2024.  
(month) (year)  
 x 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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7585.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8227.68
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	\$ 983.26
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>5</b>
2 FILER NAME <b>Dr. Norma Lopez Harris</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/29/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Adela Garza</b>	7 Amount of contribution (\$) <b>\$ 1000.00</b>
6 Contributor address; City; State; Zip Code [Redacted] <b>Brownsville TX 78520</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>1/31/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Yvonne Salazar-Hatley</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>Brownsville TX 78526</b>		
Principal occupation / Job title (See Instructions) <b>Coffee shop owner</b>		Employer (See Instructions)
Date <b>2/1/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas R. Harris</b>	Amount of contribution (\$) <b>\$ 1000.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>Brownsville TX 78520</b>		
Principal occupation / Job title (See Instructions) <b>Logistics Manager</b>		Employer (See Instructions) <b>Mode Transportation, LLC</b>
Date <b>2/9/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert M. Fennell</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>Dallas TX 75214</b>		
Principal occupation / Job title (See Instructions) <b>Logistics Manager</b>		Employer (See Instructions) <b>Mode Transportation, LLC</b>

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

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

# 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>5</b>
2 FILER NAME <b>Dr. Norma Lopez Harris</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-14-2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jose Luis Lopez</b>	7 Amount of contribution (\$) <b>\$ 1000.00</b>
6 Contributor address; City; State; Zip Code [Redacted] <b>Brownsville TX 78521</b>		
8 Principal occupation / Job title (See Instructions) <b>Pharmacist</b>		9 Employer (See Instructions) <b>Lopez Pharmacy</b>
Date <b>2-12-2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kevin C O'Malley</b>	Amount of contribution (\$) <b>\$ 1000.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>Brownsville TX 78520</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/9/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melinda C. Arzamendi</b>	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>Brownsville TX 78526</b>		
Principal occupation / Job title (See Instructions) <b>Pharmacist</b>		Employer (See Instructions) <b>Sobara Hospital</b>
Date <b>2-16-2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Luis R. Gomez</b>	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Dr. Norma Lopez Harris</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/20/2024</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raul A. Torres</i>	7 Amount of contribution (\$) <i>\$250<sup>00</sup></i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78521</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>2-21-2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karen C. Ayma</i>	Amount of contribution (\$) <i>\$35<sup>00</sup></i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville, TX 78520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/29/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Norma D. Lopez Harris</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>Pharmacist</i>		Employer (See Instructions) <i>Valley Regional Hospital</i>
Date <i>2/29/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dennis Stahl</i>	Amount of contribution (\$) <i>\$300<sup>00</sup></i>
Contributor address; City; State; Zip Code [Redacted] <i>South Padre Is TX 78597</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)

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

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# 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: 5
2 FILER NAME Dr. Norma Lopez Harris		3 Filer ID (Ethics Commission Filers)
4 Date 3/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas R. Harris	7 Amount of contribution (\$) \$500 <sup>00</sup>
6 Contributor address; City; State; Zip Code [Redacted] Brownsville TX 78520		
8 Principal occupation / Job title (See Instructions) Logistics Manager		9 Employer (See Instructions) Mode Transportation, LLC
Date 3/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norma D. Lopez Harris	Amount of contribution (\$) \$500 <sup>00</sup>
Contributor address; City; State; Zip Code [Redacted] Brownsville TX 78520		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Valley Regional Hospital
Date 3/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr. Cartan	Amount of contribution (\$) \$150 <sup>00</sup>
Contributor address; City; State; Zip Code [Redacted] Brownsville, TX 78526		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Valley Regional
Date 3/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fahad Javed	Amount of contribution (\$) \$200 <sup>00</sup>
Contributor address; City; State; Zip Code [Redacted] Brownsville TX 78526		
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.		

# 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:
2 FILER NAME <i>Dr. Norma Lopez Harris</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/1/2024</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaime L. Silva</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville TX 78520</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/2/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yvonne Salazar-Hatley</i>	Amount of contribution (\$) <i>\$150.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>Coffee Shop owner</i>		Employer (See Instructions) <i>self</i>
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)

**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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <b>Dr. Norma Lopez Harris</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b># 250.00</b>	
5 Date <b>2/16/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Adela Garza</b>	8 Amount of Contribution \$ <b>\$250.00</b>	9 In-kind contribution description <b>Push Cards</b>
7 Contributor address: _____ City: _____ State: _____ Zip Code _____ <b>[REDACTED] Brownsdale TX 78520</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Retired</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>N/A</b>	
12 Contributor's principal occupation (FOR JUDICIAL) <b>Retired</b>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <b>N/A</b>	
14 Contributor's employer/law firm (FOR JUDICIAL) <b>N/A</b>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <b>N/A</b>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <b>N/A</b>			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) _____ Contributor address; _____ City: _____ State: _____ Zip Code _____	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> 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)			
<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>			

**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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | 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: <b>4</b>	2 FILER NAME <b>Dr. Norma Lopez Harris</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/9/2024</b>	5 Payee name <b>Rodrigo Moreno</b>	
6 Amount (\$) <b>\$1500<sup>00</sup></b>	7 Payee address, City, State, Zip Code <b>3892 Magalia Circle 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>Art &amp; Design - Pink Ape Media</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 / Office held <b>TSC Board of Trustees #17</b>
Date <b>2/14/2024</b>	Payee name <b>Rodrigo Moreno</b>	
Amount (\$) <b>\$1000<sup>00</sup></b>	Payee address, City, State, Zip Code <b>3892 Magalia Circle Brownsville TX 78521</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Artwork / Pink Ape Media</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 / Office held <b>TSC Board of Trustees #17</b>
Date <b>2/15/2024</b>	Payee name <b>Fiesta Graphics</b>	
Amount (\$) <b>\$1000<sup>00</sup></b>	Payee address, City, State, Zip Code <b>205 Paredes Line Rd Brownsville TX 78521</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs / Political (Deposit)</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 / Office held <b>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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME Dr. Norma Lopez Harris	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/4/2024	<b>5</b> Payee name Tiesta Graphics	
<b>6</b> Amount (\$) \$2000.00	<b>7</b> Payee address; City; State; Zip Code 205 Paredes Line Road Brownsville TX 78521	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Final Payment for Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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 3/8/2024	Payee name Rosalinda Robenseifer	
Amount (\$) \$3800	Payee address; City; State; Zip Code 2004 Turtle Lane Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Tee-Shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 3/14/2024	Payee name Rodrigo Moreno	
Amount (\$) \$500	Payee address; City; State; Zip Code 3892 Magalia Circle Brownsville TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising/Facebook
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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:	

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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | 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: <b>4</b>	2 FILER NAME <b>Dr. Norma Lopez Harris</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/14/2024</b>	5 Payee name <b>Rodrigo Moreno</b>	
6 Amount (\$) <b>\$250.00</b>	7 Payee address; <b>3892 Magalia Circle Brownsville TX</b>	City; State; Zip Code <b>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>Push Cards</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 #7</b>	
Date <b>3/20/2024</b>	Payee name <b>Sarah Ferguson</b>	
Amount (\$) <b>\$250.00</b>	Payee address; <b>2727 1/2 E. Mile Le Road Mission TX</b>	City; State; Zip Code <b>TX 78573</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Tee-Shirts Campaign</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 #7</b>	
Date <b>3/20/2024</b>	Payee name <b>Rodrigo Moreno</b>	
Amount (\$) <b>\$1000.00</b>	Payee address; <b>3892 Magalia Circle Brownsville TX</b>	City; State; Zip Code <b>TX 78521</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Campaign Text Messaging</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 #7</b>	

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# 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: <b>4</b>		2 FILER NAME: <b>Dr. Norma Lopez Harris</b>		3 Filer ID (Ethics Commission Filers)	
4 Date: <b>3/25/2024</b>		5 Payee name: <b>The Ink Spot</b>			
6 Amount (\$): <b>\$216.50</b>		7 Payee address: <b>1601 E. Alton Gloor Blvd #103 Brownsville TX 78526</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Business Cards/Event tickets lottery</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 / Office held: <b>TSC Board of Trustees #7</b>	
Date: <b>3/27/2024</b>		Payee name: <b>Fiesta Graphics</b>			
Amount (\$): <b>\$81.18</b>		Payee address: <b>205 Paredes Line Road Brownsville TX 78521</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Campaign Bumper Stickers</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 / Office held: <b>TSC Board of Trustees #7</b>	
Date: <b>4/2/2024</b>		Payee name: <b>Mirna Ramirez</b>			
Amount (\$): <b>\$50.00</b>		Payee address: <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. Lottery (Deposit) Event</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 / Office held: <b>TSC Board of Trustees #7</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <b>4</b>	<b>2</b> FILER NAME <b>Dr. Norma Lopez Harris</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$ 983.26</b>
<b>5</b> Date <b>2-20-2024</b>	<b>6</b> Payee name <b>Staples</b>	
<b>7</b> Amount (\$) <b>\$178.60</b>	<b>8</b> Payee address; City; State; Zip Code <b>2436 Pablo Kest Blvd Brownsville TX 78526</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Flyers for Campaign</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Dr. Norma Lopez Harris</b>	Office sought / Office held <b>TSC Board of Trustees #7</b>
<b>Date</b> <b>3-14-2024</b>	<b>Payee name</b> <b>Fiesta Graphics</b>	
<b>Amount (\$)</b> <b>\$54.12</b>	<b>Payee address; City; State; Zip Code</b> <b>205 Paredes Line Road Brownsville TX 78521</b>	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>Description</b> <b>Yard sign wire stand</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 / Office held <b>TSC Board of Trustees #7</b>

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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                     |
|                                                                            | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <u>4</u>	<b>2</b> FILER NAME <u>Dr. Norma Lopez Harris</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <u>3-22-2024</u>	<b>6</b> Payee name <u>Fiesta Graphics</u>	
<b>7</b> Amount (\$) <u>\$189.43</u>	<b>8</b> Payee address; <u>205 Paredes Line Road</u>	City; State; Zip Code <u>Brownsville TX 78521</u>
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	<b>(b)</b> Description <u>4x4 Campaign Signs</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Dr. Norma Lopez Harris</u>	Office sought <u>TSC Board of Trustees #7</u>
<b>12</b> Date <u>3/22/2024</u>	<b>13</b> Payee name <u>Tractor Supply</u>	
<b>14</b> Amount (\$) <u>\$74.53</u>	<b>15</b> Payee address; <u>1989 Military Hwy</u>	City; State; Zip Code <u>Brownsville TX 78520</u>
<b>16</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>17</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	<b>(b)</b> Description <u>Metal T-Posts</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>18</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Dr. Norma Lopez Harris</u>	Office sought <u>TSC Board of Trustees #7</u>

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | 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 of Schedule F4: <b>4</b>	2 FILER NAME <b>Dr. Norma Lopez Harris</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$

5 Date <b>3/31/2024</b>	6 Payee name <b>DD's Discounts</b>		
7 Amount (\$) <b>\$ 119.13</b>	8 Payee address: <b>2440 Pablo Kisel</b>	City: <b>Brownsville</b>	State: Zip Code <b>TX 78526</b>

9 TYPE OF EXPENDITURE  
 Political       Non-Political

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

11 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
----------------------------------------------------------------	--------------------------------------------------	-------------

Date <b>4/3/2024</b>	Payee name <b>Wal-Mart</b>		
Amount (\$) <b>\$ 278.41</b>	Payee address: <b>2721 Boca Chica Blvd</b>	City: <b>Brownsville</b>	State: Zip Code <b>TX 78521</b>

TYPE OF EXPENDITURE  
 Political       Non-Political

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Gifts for Lotteria</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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>	Office held
----------------------------------------------------------------	--------------------------------------------------	-------------

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 4	<b>2</b> FILER NAME Dr. Norma Lopez Harris	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 4/3/2024	<b>6</b> Payee name Family Dollar	
<b>7</b> Amount (\$) \$ 89.04	<b>8</b> Payee address; City: State: Zip Code 1500 U.S. Hwy 281 Brownsville TX 78520	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Drinks, party items for lottery
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Dr. Norma Lopez	Office sought / Office held TSC Board of Trustees # 7
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City: State: Zip Code</b>	
<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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