# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 70
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST  Mrs Norma  NICKNAME LAST  Vielma	Nelly Suffix	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #;	CITY; STATE: ZIP CODE	RECEIVE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand delivered or Date Pastmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST IVAN  NICKNAME LAST ROdriguez	MI SUFFIX	Receipt # Amount \$  Dale Processed  Dale Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 X 30th day before  July 15 Sth day before et		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year July 18 / 2016	Month THROUGH September	Day Year 29 / 2016
11 ELECTION	Month Day Year Primary  Nov 08 2016 X General	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	
	GO ТО	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME Norma Ne	lly Vielma	1	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI TURES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		   POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA   ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,085.90
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ N/A
	4. TOTAL POLITICAL EXPENDITURES		\$ 28,991.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		PAY \$ 10,214.61
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	\$ 10,120.00
AFFIX NO TARY STAM	ribed before me,	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is primation required to be reported by me contact the contact of the con
Morch Mayin		+ lu de Maria Velusco	Nl. D. D. L.
Signature of officer a		Printed name of officer administering oath	Title of officer administering oath

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co.	mmission Filers)	
	Norma Nelly Vielma			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	X SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 29,085.90	
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		s NIA	
4.	X SCHEDULE E: LOANS		\$ 10,120.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 28.991.29	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s NIA	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		* NIA	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s NIA	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	s NIA	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$ NIA	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	s N/A	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		* NIA	

## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
7/25/2016	Ivan & Elizabet Rodriguez  6 Contributor address; City; State; Zip Code		500.00
	8305 Country Club Dr. Laredo , Texa	is 78045	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Cesar & Cynthia Cantu		200.00
7/25/2016	Contributor address; City; State	; Zip Code	
	410 Longshadow, Laredo, Texas 780	)41	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		tions)	
Date	Full name of contributor out-of-state_PAC	(ID#:)	Amount of contribution (\$)
	Celso Sanchez		200.00
7/25/2016	7/25/2016 Contributor address; City; State; Zip Code		
	206 East Indiana, Laredo, Texas 780	41	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
7/25/2016	Jesus Rodriguez  Contributor address; City; State	; Zip Code	200.00
	211 Bel Air, Laredo, Texas 78041		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		tions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$) 150.00
7/25/2016	6 Contributor address; City; State; Zip Code 416 East Del Mar Blvd., Laredo, Texas 78041	
8 Principal occi	upation / Job title (See Instructions) 9 Employer	(See Instructions)
Date 7/28/2016	Full name of contributor out-of-state PAC (ID#:  Sandra Rocha Taylor  Contributor address; City; State; Zip Code  3301 San Bernardo, Laredo, Texas 78040	Amount of contribution (\$) 1,000.00
Principal occu		(See Instructions)
Date 8/9/2016	Full name of contributor out-oi-state PAC (ID#:  Joe Murillo  Contributor address; City; State; Zip Code	Amount of contribution (\$)
	4115 Declaration Drive Laredo, Texas 78046	
Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
8/11/2016	Contributor address; City; State; Zip Code 411 Del Mar Blvd, Texas 78041	
Principal occu	upation / Job title (See Instructions) Employer	(See Instructions)
Principal occu		(See Instructions)

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## SCHEDULE A1

Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A1:
2 FILER NAME	Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
4 Dale 8/1 1/2016	5 Full name of contributor	7 Amount of contribution (\$) 200.00
3 Principal occ	upation / Job title (See Instructions) 9 E	Employer (See Instructions)
Date 8/12/2016	Full name of contributor out-of-state PAC (ID#:_ Jose Luis Ceballos Contributor address: City; State: Zi 419 Surrey Dr Laredo, Texas 78041	Amount of contribution (\$) 400.00
Principal occu	upation / Job litte (See Instructions)	mployer (See Instructions)
Date 8/12/2016	Full name of contributor	Amount of contribution (\$) 1,000.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
Date 8/15/2016	Full name of contributor out-of-state PAC (ID#:_David Cardwell Contributor address; City: State; Zig	Amount of contribution (\$) 100.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
		g.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Norma Nelly Vielma 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 250.00 Norberto Cardenas City; State; Zip Code 8/15/2016 6 Contributor address; 6909 Springfield Ave Laredo, Texas 78041 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Manuel Gutierrez 1,500.00 8/16/2016 Contributor address; City; State; Zip Code 8822 Liberty Loop, Laredo, Texas 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) Marina L Cantu 100.00 8/17/2016 Contributor address; City; State; Zip Code 920 Rosario St Laredo, Texas 78040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ Javier Garza 50.00 8/17/2016 Contributor address; City; State; Zip Code Laredo, Texas Principal occupation / Job title (See Instructions) Employer (See Instructions)

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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:			
2 FILER NAME	Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC (	D#:)	7 Amount of contribution (\$)
8/19/2016	Johana Saucedo  6 Contributor address; City; State;  1618 Salinas Ave Laredo, Texas 7804	Zip Code	500.00
	<u> </u>		
8 Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)
	Gabriel Castillo		200.00
8/19/2016	Contributor address; City; State;	Zip Code	
	4 Quadrangule Laredo, Texas 78041		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor  ut-of-state PAC (	ID#:)	Amount of contribution (\$)
	Jeffry Jones		100.00
8/21/2016	Contributor address; City; State;	Zip Code	
; 	1515 N. Meadow Laredo, Texas 7804	0	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state_PAC (	ID#:)	Amount of contribution (\$)
	Prepa Partnership		100.00
8/21/2016	Contributor address; City; State;	Zip Code	
	PO Box 1670 Laredo, Texas 78044		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)

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

## SCHEDULE A1

The	Instruction Guide explains how to complete this form		1 Total pages Schedule A1:
2 FILER NAME	Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)
8/24/2016	Raul y Graciela Martinez  6 Contributor address; City; State; Zip Code		800.00
	117 Idaho St Laredo, Texas 78041		
8 Principal occi	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
	Trillium LLC		1,000.00
8/26/2016	Contributor address; City; State; Zi	p Code	
	216 Village Blvd Suite 304 Laredo, Texas	s 78041	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	Grupo IV Ind. Joint Venture		750.00
8/26/2016	Contributor address; City; State; Zi	p Code	
	407 Chevy Chase Laredo, Texas		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
8/26/2016	Hector Garcia Jr Contributor address; City; State; Zig		1,500.00
	Laredo,Texas		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
8/29/2016	Cynthia Cantu  6 Contributor address; City; State; Zip Code	100.00	
	410 Longshadow Laredo, Texas 78041		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 100.00	
8/29/2016	Contributor address; City; State; Zip Code		
	1502 Eagle Trace Laredo, Texas 78045		
Principal occup	eation / Job title (See Instructions)  Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
	Jesus Rodriguez	500.00	
8/29/2016	8/29/2016 Contributor address; City; State; Zip Code		
	211 Bel Air Laredo, Texas 78041		
Principal occup	pation / Job title (See Instructions) Employer (See	e Instructions)	
Date	Full name of contributor	Amount of contribution (\$)	
8/29/2016	Michelle Cantu Contributor address; City; State; Zip Code	100.00	
	410 Longshadow Laredo, Texas 78041		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			

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### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Norma Nelly Vielma 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_ 500.00 Amelia Ramirez 8/29/2016 6 Contributor address; City; State; Zip Code 9812 Spring Drift Laredo, Texas 78045 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Dennis E. Nixon 1,500.00 Contributor address; 9/2/2016 City; State; Zip Code PO Box 1359 Laredo, Texas 78042 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) Angel Rivera 20.00 9/6/2016 Contributor address; City; State; Zip Code Arkansas Ave Laredo, Texas Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ Claudia Benavides 100.00 9/9/2016 Contributor address; City; State; Zip Code 8502 Forest Loop Laredo, Texas 78045 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.

## SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state_PAC (ID#:	7 Amount of contribution (\$)
9/9/2016	Javier & Yolanda Moctezuma  6 Contributor address; City; State; Zip Code  104 Ohio Circle Laredo, Texas 78041	200.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	uctions)
<b>U</b> Trinoipul cocc	<b>3</b>	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Marc A Gonzalez	100.00
9/9/2016	Contributor address; City; State; Zip Code	
	1020 Main Ave Laredo, Texas 78041	
Principal occup Attomey	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
	George & Rosa Elia Altgelt	200.00
9/9/2016	Contributor address; City; State; Zip Code	
	16 Candelwood Rd Laredo, Texas 78045	
Principal occup	pation / Job title (See Instructions)  Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
9/9/2016	Gerardo Martinez  Contributor address; City; State; Zip Code	100.00
	303 E Sycamore St. Laredo, Texas 78041	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Norma Nelly Vielma 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_ Sergio Lozano 350.00 9/9/2016 6 Contributor address; City; State; Zip Code 1010 Juarez Ave Laredo, Texas 78040 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Martinez Law Firm 200.00 9/9/2016 Contributor address; City; State; Zip Code Laredo, Texas 78040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Rita Brenda Anderson 200.00 9/9/2016 Contributor address; City; State; Zip Code 816 Surrey Rd Laredo, Texas 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 100.00 Maria Elena Montemayor 9/9/2016 Contributor address; City; State; Zip Code 1317 Cross Country Lane Laredo, Texas 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Norma Nelly Vielma 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_\_\_ E. M. & Patricia Bruni 250.00 9/9/2016 6 Contributor address; City; State; Zip Code 515 Merlin Rd Laredo, Texas 78041 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Jesus Rodriguez 100.00 Contributor address; 9/9/2016 City; State; Zip Code 211 Bel Air Laredo, Texas 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:\_ Amount of contribution (\$) 100.00 Joe Lopez 9/9/2016 Contributor address; City; State; Zip Code Laredo, Texas 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ 100.00 Celso Sanchez 9/9/2016 Contributor address; City; State; Zip Code

Employer (See Instructions)

206 East Indiana Laredo, Texas 78041

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

Principal occupation / Job title (See Instructions)

## SCHEDULE A1

Tir	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor out-ot-state PAC (ID#:)	7 Amount of contribution (\$)
9/9/2016	Ignacio Martinez 6 Contributor address; City; State; Zip Code 416 East Del Mar Blvd Laredo, Texas 78041	100.00
8 Principal oc	cupation / Job title (See Instructions)  9 Employer (See Instruc	Letions)
Date 9/9/2016	Full name of contributor	Amount of contribution (\$) 100.00
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	L Clions)
Dale 9/9/2016	Full name of contributor	Amount of contribution (\$) 350.00
Principal occ	cupation / Job title (See Instructions) Employer (See Instru	clions)
Dale 9/9/2016	Full name of contributor oul-of-state PAC (ID#:)  Michael & Danielle Marasco Contributor address; City; State; Zip Code  236 Lake Powel Dr Laredo, Texas 78041	Amount of contribution (\$)
		ctions)

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## SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
0/0/0040	Joe Murillo	100.00	
9/9/2016	6 Contributor address; City; State; Zip Code		
	4115 Declaration Dr Laredo, Texas 78046		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	ctions)	
Date	Full name of contributor	Amount of contribution (\$)	
	Mario & Blasa Pena	100.00	
9/9/2016	Contributor address; City; State; Zip Code		
	8816 Justice Dr. Laredo, Texas 78045		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	etions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
	Armengol & Bertha Guerra	200.00	
9/9/2016	Contributor address; City; State; Zip Code		
	312 Windsor Rd. Laredo, Texas 78041		
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ctions)	
Date	Full name of contributor	Amount of contribution (\$)	
0/15/2016	Gabe Castillo	100.00	
9/15/2016	Contributor address; City; State; Zip Code		
	4 Quadrangle Laredo, Texas 78041		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IFFDFD	
1	If contributor is out-of-state PAC please see instruction guide for additiona		

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
9/15/2016	Ada Gonzalez, A Adame, A Gomez  6 Contributor address; City; State; Zip Code  1820 Guerrero St Laredo, Texas 78043	100.00
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instruc	itions)
Date 9/15/2016	Full name of contributor	Amount of contribution (\$) 250.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date 9/15/2016	Full name of contributor	Amount of contribution (\$) 1,000.00
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	stions)
Date 9/15/2016	Full name of contributor	Amount of contribution (\$) 1,500.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

### SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Norma Nelly Vielma	3 PMer ID (Ethics Commission Filers)
4 Dale 9/15/2016	5 Full name of contributor	7 Amount of contribution (\$) 100.00
8 Principal occ	upation / Job title (See Instructions)  9 Emp	oloyer (See Instructions)
Date 9/15/2016	Full name of contributor	Amount of contribution (\$) 100.00
Principal occu	upation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date 9/15/2016	Full name of contributor	Amount of contribution (\$) 1,500.00
Principal occi	upation / Job title (See Instructions) Emp	ployer (See Instructions)
Date 9/15/2016	Full name of contributor	Amount of contribution (\$) 100.00
Principal occ	upation / Job litle (See Instructions) Emp	ployer (See Instructions)

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## SCHEDULE A1

The	Instruction Guide explains how to complete this form		1 Total pages Schedule A1:
2 FILER NAME	Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)
	Celina Menchaca		100.00
9/15/2016	6 Contributor address; City; State; Zi	p Code	
	806 Eaton Ln Laredo, Texas 78041		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor	)	Amount of contribution (\$)
	Michelle Cantu		100.00
9/15/2016	Contributor address; City; State; Zi	p Code	
	410 Longshadow Dr Laredo, Texas 7804	1	
Principal occup	ation / Job title (See Instructions)	L Employer (See Instruct	ions)
Date	Full name of contributor	)	Amount of contribution (\$)
	Cynthia Cantu		100.00
9/15/2016	Contributor address; City; State; Zi	p Code	
	410 Longshadow Dr Laredo, Texas 7804	1	
Principal occup		Employer (See Instruc	tions)
Date	Full name of contributor	)	Amount of contribution (\$)
9/15/2016	Cesar Cantu  Contributor address; City; State; Zip Code		100.00
	410 Longshadow Dr Laredo, Texas 7804	1	
Principal occup		Employer (See Instruc	tions)
-			

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### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Norma Nelly Vielma 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Out-ot-state PAC (ID#: Guillermo Garcia 50.00 9/15/2016 6 Contributor address; City; State; Zip Code 1200 San Bernardo Laredo, Texas 78042 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor oul-of-state PAC (ID#: Date Amount of contribution (\$) John & Martha Villarreal 60.00 Contributor address; 9/15/2016 City; State; Zip Code 2415 Bermuda Dr. Laredo, Texas 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Out-of-state PAC (ID#: Amount of contribution (\$) Imelda Navarro 100.00 9/15/2016 Contributor address; City; State; Zip Code 1200 San Bernardo Laredo, Texas 78042 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 42.00 Noche Mexicana Campaign Fundraiser 9/22/2016 Contributor address; City: State; Zip Code 407 Shiloh Dr Laredo, Texas 78045 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.

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Norma Nelly Vielma	3 Filer ID (Elhics Commission Filers
4 Dale 9/22/2016	5 Full name of contributor out-of-state PAC (ID#:) Noche Mexicana Carnpaign Fundraiser 6 Contributor address; City; State; Zip Code 407 Shiloh Dr Laredo, Texas 78045	7 Amount of contribution (\$) 2,015.00
3 Principal occ	supation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date 9/22/2016	Full name of contributor out-of-state PAC (ID#:)  Noche Mexicana Campaign Fundraiser  Contributor address; City; State; Zip Code  407 Shiloh Dr Laredo, Texas 78045	Amount of contribution (\$) 990.00
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	Letions)
Date 9/22/2016	Full name of contributor out-of-state PAC (ID#:)  Noche Mexicana Campaign Fundraiser  Contributor address; City; State; Zip Code  407 Shiloh Dr Laredo, Texas 78045	Amount of contribution (\$) 688.00
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	I ctions)
Date 9/22/2016	No che Mexicana Campaign Fundraiser Contributor address; City; State; Zip Code  407 Shiloh Dr Laredo, Texas 78045	Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions) Employer (See Instruc	otions)

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## SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
9/22/2016	Noche Mexicana Campaign Fundraiser  6 Contributor address; City; State; Zip Code  407 Shiloh Dr Laredo, Texas 78045	120.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instr	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Budget Medical Care	250.00
9/21/2016	Contributor address; City; State; Zip Code	·
	9320 Mines Rd Laredo Suite 1, Texas 78045	
Principal occup	eation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Prepa Partnership	100.00
9/21/2016	Contributor address; City; State; Zip Code	
	PO Box 1670 Laredo, Texas 78044	
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	uctions)
Date	Full name of contributor	Amount of contribution (\$)
9/23/2016	Jorge Martinez  Contributor address; City; State; Zip Code	1,500.00
	2420 Cortez St Laredo, Texas 78043	
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	uctions)

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## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Norma Nelly Vielma 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-slate PAC (ID#:\_ Robert N Freeman II 250.00 9/27/2016 6 Contributor address; City; State; Zip Code 7817 Sonoma Ct Laredo, Texas 78045 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date ul-ol-stale PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Cout-of-state PAC (ID# Date Full name of contributor Amount of contribution (\$) State: Contributor address; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Dale Full name of contributor out-ot-state PAC (ID#:\_ Amount of contribution (\$) City; State: Zip Code Contributor address; 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.

## SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:
2 FILER NAME NORMA NELLY VIELMA			3 Filer ID (Ethics Commission Filers) N/A
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$0.00
Restaurant	6 Full name of contributor □ out-of-state PAC (ID#:  Taco Gallo Giro  7 Contributor address; City; State; Zip Coc 203 Peach Ln. Laredo, TX 7804  upation / Job title (FOR NON-JUDICIAL) (See Instructions)	1	8 Amount of Contribution \$\frac{9}{\text{ln-kind contribution}}\$  1,550.00   \text{08/27/2016- food/beverage}
12 Contributor's N/A	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
	employer/law firm (FOR JUDICIAL)		n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/16/2016	Raul's BBQ		Amount of In-kind contribution description  150.00 09/16/2016- food/beverage  Check if travel outside of Texas. Complete Schedule T.
Principal occ Restaurant	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe N/A	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's <b>N</b> /A	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's N/A	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL CODIES OF		ULE ACALEEDED

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## SCHEDULE A2

Th	ne Instruction Guide explains how to complete this for		1 Total pages Schedule A2:
		2 Eller (D. (Estion Commission Chara)	
2 FILER NAME NORMA NELLY VIELMA			3 Filter (D (Ethics Commission Filters)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date 09/16/2016			8 Amount of 9 In-kind contribution Contribution \$ description 175.00 09/16/2016- food/beverage
10 Principal occ Mexican Re	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NONJUDICIAL)(See Instructions)
12 Contributor's N/A	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's N/A	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/16/2016	Full name of contributor out-of-state PAC (ID#:	ode	Amount of Contribution \$ In-kind contribution description  450.00  09/16/2016- food/beverage  Check if travel outside of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) tas Restaurant	Employ N/A	ver (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib N/A	outor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE A2

Т	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:	
2 FILER NAME NORMA NELLY VIELMA			3 Filer ID (Ethics Commission Filers)	
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 09/16/2016	Victoria's Place Catering		8 Amount of Contribution \$ 9 In-kind contribution description 325.00 09/16/2016-food/beverage/in-kind tabor  Check if travel outside of Texas Complete Schedule T.	
10 Principal occ	cupalion / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's N/A	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's jab title (FOR JUDICIAL) (See Instructions)	
14 Contributor's N/A	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date  Full name of contributor			Amount of Contribution \$ In-kind contribution description  150.00 09/09/2016-food/beverage 09/16/2016- food/beverage  Check il travel oulside of Texas. Complete Schedule T.	
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe Southern Dist	er (FOR NON-JUDICIAL)(See Instructions) ributing	
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME NORMA NELLY VIELMA			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 09/16/2016	6 Full name of contributor		8 Amount of Contribution \$ 9 In-kind contribution description 65.00 09/16/2016- supplies/food/beverage  Check if travel outside of Texas. Complete Schedule T.
10 Principal occ Billing Clerk	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions) v Firm, PLLC
12 Contributor's N/A	principal occupation (FOR JUDICIAL)	13 Contribu N/A	stor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's N/A	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/09/2016	Full name of contributor		Amount of Contribution \$ In-kind contribution description  650.00
Principal occ Homemak	er	Employe <b>N</b> /A	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's N/A	s principal occupation (FOR JUDICIAL)	Contribu <b>N</b> /A	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
If	ATTACH ADDITIONAL COPIES OF 1 contributor is out-of-state PAC, please see instruction	HIS SCHEDU n guide for a	JLE AS NEEDED dditional reporting requirements.

## SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME NORMA NELLY VIELMA			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 09/16/2016	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Solution
	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
<u>'</u>	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's N/A	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor N/A	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/16/2016	Full name of contributor out-of-state PAC (ID#:	de	Amount of In-kind contribution description  100.00 09/16/2016-   supplies/food/beverage   Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's N/A	principal occupation (FOR JUDICIAL)	Contribu N/A	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's N/A	employer/law firm (FOR JUDICIAL)	Law firm	n 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 1	'HIS SCHEDI	II F AS NEEDED
If	contributor is out-of-state PAC, please see instruction		

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Sche	dule A2:	
2 FILER NAME NORMA NELLY VIELMA		3 Filer ID (Ethics C	commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 08/27/2016			150.00	9 In-kind contribution description  - 08/27/2016- food/beverage .09/16/2016- food/beverage .09/24/2016- food/beverage .side of Texas. Complete Schedule T.
10 Principal occ Homemaker	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDIC	IAL)(See Instructions)
12 Contributor's N/A	principal occupation (FOR JUDICIAL)	13 Contribu N/A	or's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's N/A	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			_
Date 09/16/2016	Full name of contributor		100.00	In-kind contribution description 09/16/2016- food/beverage . side of Texas. Complete Schedule T.
Principal occ Homen	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe N/A	er (FOR NON-JUDIC	CIAL)(See Instructions)
	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spo	use (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	J		
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME NORMA NELLY VIELMA		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 09/16/2016			8 Amount of Contribution \$ 9 In-kind contribution description 150.00 09/16/2016- food/beverage  Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)
· · · · · · · · · · · · · · · · · · ·	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's N/A	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
O9/16/2016 Orlando Snacks  Contributor address; City; State; Zip Code  3101 Blaine St. Laredo TX 78043		Contribution \$ . description	
Principal occ Restaurant/S	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) Chack venue	Employe N/A	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's N/A	principal occupation (FOR JUDICIAL)	Contribu N/A	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL CODIES OF		
lf	ATTACH ADDITIONAL COPIES OF a contributor is out-of-state PAC, please see instruction		

## SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME NORMA NELLY VIELMA			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$	
5 Date 09/09/2016		Code	8 Amount of Solution 9 In-kind contribution description 32.45 09/09/2016- food/beverage	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instruction		er (FOR NON-JUDICIAL)(See Instructions) ueno Real Estate	
12 Contributor's N/A	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's N/A	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/09/2016	Full name of contributor	Code 8041	Amount of Contribution \$ In-kind contribution description  32.45 09/09/2016- food/beverage  Check if travel outside of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instruction	Self-Employ	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)  N/A		Contributor's job title (FOR JUDICIAL) (See Instructions) N/A		
Contributor's employer/law firm (FOR JUD/CIAL)  N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL)  N/A		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:
2 FILER NAME NORMA NELLY VIELMA		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		BUTIONS	\$
5 Date 09/09/2016	Vega's Interiores Mejicanos		8 Amount of 9 In-kind contribution Contribution \$ description  1,000.00 09/09/2016- event venue  Check if travel outside of Texas. Complete Schedule 1
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) erior Business/Venue	11 Employ N/A	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's N/A	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's N/A	employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/16/2016	Full name of contributor  out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description  75.00 09/16/2016- food/bevers  Code  78046 Check if travel outside of Texas. Complete Sched	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ N/A	er (FOR NONJUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)  N/A  N/A		Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL)  N/A	
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  A		

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

## SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME NORMA NELLY VIELMA			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$	
5 Date 09/09/2016	6 Full name of contributor  ut-of-state PAC (ID#:		8 Amount of Solution 9 In-kind contribution description 100.00 09/09/2016- event sound system 09/16/2016- event sound system Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ Sound Syst	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's N/A	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's N/A	s employer/law firm (FOR JUDICIAL)	15 Law firm	w firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 if contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/09/2016	/09/2016 Eye View Private Security		Amount of Contribution \$ In-kind contribution description  100.00 09/09/2016- in-kind labor 09/16/2016- in-kind labor Check if travel outside of Texas. Complete Schedule T.	
Principal occ Security Gu	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe N/A	er (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	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
	r is a child, law firm of parent(s) (it any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF			

## SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:
2 FILER NAME NORMA NELLY VIELMA			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$
5 Date 09/16/2016	,		8 Amount of 9 In-kind contribution description 100.00 09/16/2016- event expense  Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)
	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's N/A	14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm		n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/16/2016	Full name of contributor	de	Amount of In-kind contribution Contribution \$ description  100.00 09/16/2016- event expense  Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Regional Mexican Singer  N/A		Employe N/A	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)  N/A		Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  N/A			
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Revised 9/8/2015

## SCHEDULE A2

	,		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:
2 FILER NAME NORMA NELLY VIELMA			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$
5 <sub>Date</sub> 09/16/2016	_ :		8 Amount of Contribution \$ 9 In-kind contribution description  100.00 09/16/2016- event expense  Check if travel outside of Texas. Complete Schedule T.
Regional Me	Expation / Job title (FOR NON-JUDICIAL) (See Instructions) Exican Singer	N/A	er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's N/A	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's N/A	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/16/2016	Full name of contributor out-of-state PAC (ID#:		Amount of . In-kind contribution Contribution \$ . description  100.00 : 09/16/2016- event expense
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employe N/A	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)  N/A		Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
Contributor's employer/law firm (FOR JUDICIAL)  N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  N/A			

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## SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:
2 FILER NAME NORMA NELLY VIELMA			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		BUTIONS	\$
5 Date 09/16/2016	6 Full name of contributor □ out-of-state PAC (ID#:  Ruben Vargas y su Grupo Tradicional  7 Contributor address; City; State; Zip Coc  West End Washington St. Laredo, TX 78040		8 Amount of Contribution \$ 9 In-kind contribution description  100.00 09/16/2016- event expense  Check if travel outside of Texas. Complete Schedule T.
10 Principal occ Mariachi	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's N/A	principal occupation (FOR JUDICIAL)	13 Contribu N/A	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's N/A	employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor N/A	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date  Full name of contributor   out-of-state PAC (ID#:			Contribution \$ . description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Law Firm		Employer (FOR NON-JUDICIAL)(See Instructions) N/A	
Contributor's N/A	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)  N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL)  N/A	
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.

## **PLEDGED CONTRIBUTIONS**



	The Instruction Guide explains how to complete this form.	1 Total pages Schedule #:
FILER NA	ME	3 Filter ID (Ellhics Commission Filers)
TOTAL	OF UNITEMIZED PLEDGES	\$
Date	6 Full name of pledgor	8 Amount 9 In-kind contribution description  Check if travel outside of Texas. Complete Schedu
Principal	occupation / Job tille (See Instructions) 11 Employer (	See Instructions)
Date	Full name of pledgor	Amount In-kind contribution of Pledge \$ In-kind contribution description
Principal o	occupation / Job title (See Instructions) Employer (	See Instructions)
Dale	Full name of pledgor	Amount of Pledge \$ In-kind contribution description  Check if travel outside of Texas. Complete Schedu
Principal	occupation / Job title (See Instructions) Employer (	See Instructions)
Date	Full name of pledgor out-of-state PAC (ID#;	Amount of Pledge \$ In-kind contribution description  Check II Iravel outside of Texas. Complete Schedu
Principal (	occupation / Job title (See Instructions) Employer	(See Instructions)

LOANS SCHEDULE E

The	1 Total pages Schedule E:			
2 FILER NAME Norma Nelly Vielma			3 Filer ID (Ethics Commission Filers)	
	IITEMIZED LOANS		\$ 10,120.00	
101ALOI ON			\$ 10,120.00	
5 Date of loan July 19, 2016			9 Loan Amount (\$) 100.00	
6 Is lender a financial Institution?	8 Lender address; City; S 1007 San Dario Ave. Laredo, T	State; Zip Code exas 78040	10 Interest rate NA  11 Maturity date	
Y N		·	11 Maturity date	
12 Principal occupation Attorney	on / Job title (See Instructions)	13 Employer (See Instructions) Vielma Law Firm, PLLC		
14 Description of Coll.  X none	ateral	15 Check if personal funds were account (See Instructions)	deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable				
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender  ut-of-state	PAC (ID#:)	Loan Amount (\$)	
July 21, 2016	Norma Nelly Vielma		5,010.00	
Is lender	Lender address; City; S	State; Zip Code	Interest rate	
a financial Institution?	1007 San Dario Ave. Laredo, Texas 78040		NA Maturity date	
Y N	,		Watanty date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Attorney		Vielma Law Firm, PLLC		
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
Guarantor address; City; State; Zip Code		State; Zip Code		
X not applicable		L Familiary (Oct. 1		
Principal Occupati	ion (See Instructions)	Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

LOANS SCHEDULE E

The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Norma Nelly	Vielma		
TOTAL OF UN	NITEMIZED LOANS		\$
Dale of loan August 9, 2016			9 Loan Amount (\$) 5,010.00
is lender a financial Institution?	ler cial ion?  8 Lender address; City; State; Zip Code 1007 San Dario Ave. Laredo, Texas 78040		10 Interest rate NA 11 Maturity date
2 Principal occupati Attorney	on / Job title (See Instructions)	13 Employer (See Instructions) Vielma Law Firm, PLLC	
4 Description of Col	lateral	15 Check if personal funds we account (See Instructions)	
6 GUARANTOR INFORMATION  17 Name of guarantor  18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)	
O Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
O Principal Occupa	Name of lender out-of-state		Loan Amount (\$)
Dateofloan  Is lender a financial	Name of lender out-of-state		
Dateofloa <b>^</b>	Name of lender out-of-state	PAC (ID#:	Loan Amount (\$)
Is lender a financial institution?	Name of lender out-of-state	PAC (ID#:	Loan Amount (\$)  Interest rate  Maturity date
Is lender a financial Institution?	Name of lender out-of-state ender address; City;  on / Job title (See Instructions)	s PAC (ID#:) State; Zip Code	Loan Amount (\$)  Interest rate  Maturity date
Is lender a financial Institution?  Y N  Principal occupation  Description of Column	Name of lender out-of-state ender address; City;  on / Job title (See Instructions)	State; Zip Code  Employer (See Instructions)  Check if personal (unds wei	Loan Amount (\$)  Interest rate  Maturity date
Is lender a financial (nstitution?  Y N  Principal occupation of Color (none)  GUARANTOR (INFORMATION)	Name of lender out-of-state ender address; City;  on / Job title (See Instructions)  lateral  Name of guarantor  Guarantor address; City;	State; Zip Code  Employer (See Instructions)  Check if personal (unds we account (See Instructions)	Loan Amount (\$)  Interest rate  Maturity date  re deposited into political  Amount Guaranteed (\$)
Is lender a financial Institution?  Y N  Principal occupation  Description of Color on one  GUARANTOR INFORMATION	Name of lender out-of-state ender address; City;  on / Job title (See Instructions) lateral  Name of guarantor  Guarantor address; City;	State; Zip Code  Employer (See Instructions)  Check if personal (unds we account (See Instructions)	Loan Amount (\$)  Interest rate  Maturity date  re deposited into political  Amount Guaranteed (\$)

## SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

CreditCard Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category normsted above)
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 7/25/2016	5 Payee name Goddady		
6 Amount (\$) 64.14	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		otside of Texas. Complete Schedule T. n, TX. officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/25/2016	Cricket Wire Less		
Amount (\$) 127.28	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside ofTexas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/26/2016	Office Depot		
Amount (\$) 58.81	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense 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)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norma Nelly Vielma 4 Date 5 Payee name **Envato Market** 7/28/2016 **6** Amount (\$) 7 Payee address; City; State; Zip Code 61.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 7/28/2016 Laredo Rapid Signs & Neon LLC Charge Amount (\$) Payee address; City; State; Zip Code 900.00 2015 Pappas , Laredo, TX 78041 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Printing Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 7/31/2016 Analysis Charge IBOC Amount (\$) Pavee address: City; State; Zip Code 17.80 1200 San Bernardo Laredo, TX 78042 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Accounting Banking OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica		
Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
8/01/2016	Javier Diaz	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
1,000.00	Mcpherson Rd Laredo, TX 78041	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	·	Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
8/01/2016	Yor te	
Amount (\$)	Payee address; City; State; Zip Code	
4,025.00		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
08/01/2016	City of Laredo Utilities	
Amount (\$)	Payee address; City; State; Zip Code	
310.00	City Offices Laredo, TX 78040	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Cines o voinidad, Nontai Expondo	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

### SCHEDULE F1

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

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

Event Expense Fees Food/@everage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Total pages Schedule F1;	e F1; 2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers	
Date 3/02/2016	5 Payee name Deluxe Check			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
100.75	1200 San Bernardo Laredo, TX 78042			
PURPOSE OF EXPENDITURE	(a) Category (SeeCalegories listed at the top of this schedule)  Accounting Banking  (b) Description  Check if Ivavel outside of Texas. Complete Schedule Texas. Complete S			
Gomplete QNLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
8/9/2016	Yor te			
Amount (\$) 3,106.97	Payee address; City; State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense		rulside of Texas Complete ScheduleT, n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office hetd	
Date	Payee name			
8/10/2016	Walmart Sam's Club			
Amount (\$) 143.09	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense		outside of Texas. Complete Schedure T. In, TX, officeholder living expense	
		1		

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
CreditCard 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Norma Nelly Vielma 5 Payee name 4 Date 8/11/2016 Walmart Sam's Club **6** Amount (\$) 7 Payee address; City; State; Zip Code 13.52 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Office overhead/Rental Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date **HEB** 8/11/2016 Amount (\$) Payee address; City; State; Zip Code 16.14 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food/Beverage Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 8/11/2016 Quarter Mile Amount (\$) Payee address; City; State; Zip Code 1,959.00 6420 Polaris Dr Laredo, TX 78041 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Printing Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

#### **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 Gitl/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	<u> </u>	
8/15/2016	Javier Diaz		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
2,200.00	,,		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	-
PURPOSE	Office Overhead/Rental Expense	Check if travel ou	stside of Texas. Complete Schedule T.
OF	Office Overflead/Herital Expense	Check if Austin	n, TX, officeholder living expense
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/15/2016	McCoy's		
Amount (\$)	Payee address; City; State; Zip Code		
2.47	Highway 59 East Laredo, TX 78041		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside ofTexas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/15/2016	PCC		
Amount (\$)	Payee address; City; State; Zip Code		-
43.61			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Event Expense		tside of Texas. Complete Schedule T.
OF EXPENDITURE	Lvent Expense	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Of		Onice sought	Office field
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEE	EDED

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

CreditCard Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 8/15/2016	5 Payee name McCoy's		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
262.52	Highway 59 East Laredo, TX 78041		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
8/16/2016	FaceBook		
Amount (\$) 25.02	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		utside ofTexas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
8/18/2016	Javier Diaz		
Amount (\$) 1,200.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

### SCHEDULE F1

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

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Exp

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide expla	ins how to complete this form.	·
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
8/18/2016	Lowes		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
43.28			
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
PURPOSE	Advertising Expense		avel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if.	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sough	nt Office held
Date	Payee name		
8/19/2016	Rapid Print		
Amount (\$)	Payee address; City; State;	'	
16.24	820 San Bemardo Laredo, 1	TX 78040	
	Category (See Categories listed at the top of this	s schedule) Description	
PURPOSE OF EXPENDITURE	Printing Expense		avel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sough	nt Office held
Date	Payee name		
8/22/2016	PCC		
Amount (\$) 27.26	Payee address; City; State;	Zip Code	
BURDOCT	Category (See Categories listed at the top of thi		avel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Event Expense		avel outside of lexas. Complete Schedule I.  Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sough	ht Office held
	ATTACH ADDITIONAL COPIE	S 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 Committee
Credit Card Payment

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

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norma Nelly Vielma 4 Date 5 Payee name 8/22/2016 McCoy's 6 Amount (\$) 7 Payee address; City; State; Zip Code 30.29 Highway 59 East Laredo, TX 78041 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8/22/2016 **HEB** Amount (\$) Payee address; City; State; Zip Code 54.26 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food/Beverage Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 8/22/2016 McCoy's Amount (\$) Payee address; City; State; Zip Code 232.23 Highway 59 East Laredo, TX 78041 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/2016	5 Payee name DNH GoDaddy		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
16.21			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Advertising Expense		ntside of Texas. Complete Schedule T.  TX, officeholder living expense
EXPENDITURE		Crieck ii Austii	, I.A. uniceriolder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/26/2016	Cricket Wireless		
Amount (\$)	Payee address; City; State; Zip Code		
89.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Office Overhead/Rental Expense		tside ofTexas. Complete Schedule T.
EXPENDITURE		Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/26/2016	Sam's Club		
Amount (\$)	Payee address; City; State; Zip Code		
123.40			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Event Expense		utside of Texas. Complete Schedule T.
EXPENDITURE		- OHECK II AUSTII	, IV, concentrate tring expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

### SCHEDULE F1

#### **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 Gitt/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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Norma Nelly Vielma 4 Date 5 Payee name 8/26/2016 HEB 6 Amount (\$) 7 Payee address; City; State; Zip Code 246.49 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T **PURPOSE Event Expense** Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8/29/2016 El Competidor Inc Amount (\$) Payee address; City; State; Zip Code 8.44 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE Event Expense** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 8/29/2016 El Competidor Inc Amount (\$) Payee address; City; State; Zip Code 33.02 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Event Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B	Food/Beverage Expense	Polling Expense	Transportation Equipment & Related Expense Travel In District
Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
8/29/2016	Sam's Club		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
62.09		_	
8	(a) Category (See Categories listed at the top of this sch		
PURPOSE	Event Expense		utside of Texas. Complete Schedule T.
OF EXPENDITURE	·	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/29/2016	HEB		
Amount (\$)	Payee address; City; State; Zip	Code	
145.11			
	Category (See Categories listed at the top of this sch		
PURPOSE	Event Expense		utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/30/2016	Pro Value media		
0/30/2010	FTO Value Media		
Amount (\$)	Payee address; City; State; Zip	Code	
648.42			
	Category (See Categories listed at the top of this sci		utside of Texas. Complete Schedule T.
PURPOSE OF	Advertising Expense		n, TX, officeholder living expense
EXPENDITURE		- Check II Aust	Sindenoider string expense
	Condidate / Office halder record	045	O#:
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL CODIES (	THIS SCHEDIII E AS NE	EDED

### SCHEDULE F1

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

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

CreditCard Payment	The Instruction Guide explains how to c	omplete this form.	/
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 8/31/2016	5 Payee name Los Arcos		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
450.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Event Expense		utside of Texas. Complete Schedule T.  n, T.X., officeholder living expense
EXPENDITURE		Oneck ii Austii	, TA, Unicertaider living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	<del></del> -	
8/31/2016	R Communications		
Amount (\$)	Payee address; City; State; Zip Code		
750.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Expense		Itside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/31/2016	Analysis Charge		
Amount (\$)	Payee address; City; State; Zip Code		
33.97			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounting Banking		utside ofTexas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNE	EDED

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
CreditCard Payment	The Instruction Guide explains	s how to complete this form.			
1 Total pages Schedule F1:	I pages Schedule F1: 2 FILER NAME Norma Nelly Vielma  3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name				
9/1/2016	Facebook				
6 Amount (\$)	7 Payee address; City; State; Zi	o Code			
46.94					
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description			
PURPOSE	Advertising Expense	Check if travel	outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Traversies Expense	Check if Aus	tin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9/1/2016	McCoy's				
Amount (\$)	Payee address; City; State; Zi	o Code			
47.61	Highway 59 East Laredo, TX	78041			
	Category (See Categories listed at the top of this so	thedule) Description			
PURPOSE OF EXPENDITURE	Advertising Expense		outside of Texas. Complete Schedule T. in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9/2/2016	Quarter Mile				
Amount (\$) 1,026.06	Payee address; City; State; Zi	p Code			
	Category (See Categories listed at the top of this so				
PURPOSE OF EXPENDITURE	Printing Expense		outside of Texas. Complete Schedule T. tin, 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 SCHEDUL E AS NE			
I	ALIASTIASSITISTIAL OUT ILU				

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contibulions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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. 3 Filer 1D (Ethics Commission Friers) 1 Total pages Schedule F1: 2 FILER NAME Norma Nelly Vielma 4 Date 5 Payee name 9/6/2016 **Print Express** 6 Amount (\$) 7 Payee address; City; State; Zip Code 81.18 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check it travel outside of Texas, Complete Schedule T. PURPOSE **Printing Expense** Check il Austin, TX, olficeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 9/6/2016 The Home Depot Amount (\$) Payee address; City; State; Zip Code 81.71 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense OF Check it Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 9/6/2016 Eduardo Cuevas Amount (\$) Payee address: City; State; Zip Code 250.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas Complete Schedule T PURPOSE Contract Labor OF Check If Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY il direct expenditure to benefit C/OH 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 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

	The instruction Guide explains now to co	ompiete tins form.	
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma  3 Filer ID (Ethics Commission File		
4 Date	5 Payee name		I
9/7/2016	McĆoy's		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
43.28			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense		utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austi	n, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/8/2016	HEB		
Amount (\$)	Payee address; City; State; Zip Code		
23.51			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Event Expense	Check if travel ou	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Zvork Zxporios	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
9/9/2016	HEB		
Amount (\$)	Payee address; City; State; Zip Code		
126.23			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense		utside of Texas. Complete Schedule T.  n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

## SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense F y Gift/Awards/Memorials Expense F	Office Overnead/Hental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Helated Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)	
4 Date 9/9/2016	5 Payee name Sam's Club			
6 Amount (\$)	7 Payee address; City; State; Zip	Code		
144.28				
8	(a) Category (See Categories listed at the top of this school			
PURPOSE OF EXPENDITURE	Event Expense		n, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9/9/2016	Ricardo Martinez Jr./LULAC			
Amount (\$)	Payee address; City; State; Zip	Code		
250.00		_		
	Category (See Categories listed at the top of this sch			
PURPOSE OF EXPENDITURE	Contribution/Donations		tside ofTexas. Complete Schedule T. , TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9/12/2016	PCC			
Amount (\$) 19.99	Payee address; City; State; Zip	Code		
	Category (See Categories listed at the top of this sch		steige of Towas Complete Cohedists T	
PURPOSE OF EXPENDITURE	Food/Beverages Expense		utside of Texas. Complete Schedule T. n. 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				

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Gill/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Norma Nelly Vielma 4 Date 5 Payee name Mario's Photography 9/12/2016 6 Amount (\$) 7 Payee address; City; State; Zip Code 351.81 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 9/16/2016 Facebook Amount (\$) Payee address; City; State; Zip Code 50.18 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 9/16/2016 Mario's Liquor Amount (\$) Payee address; City; State; Zip Code 242.34 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE Event Expense** OF ☐ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH 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 Committee

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

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date 9/19/2016	5 Payee name Spec's Liquor	<u>.</u>	
6 Amount (\$) 135.55	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense		tside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9/19/2016	Walmart Sam's Club		
Amount (\$) 243.82	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense		tside of Texas. Complete Schedule T. , T.X., officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9/22/2016	Yor Te		
Amount (\$) 2,020.12	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norma Nelly Vielma 4 Date 5 Payee name 9/22/2016 JB Alexander High School 6 Amount (\$) 7 Payee address; City; State; Zip Code 250.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Office sought **9** Complete ONLY if direct expenditure to benefit C/OH Date Payee name 9/23/2016 GoDaddy Amount (\$) Payee address; City; State; Zip Code 16.21 Category (See Categories listed at the top of this schedule) Description Check if travel oulside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 9/23/2016 American Lighting and Power Amount (\$) Payee address; City; State; Zip Code 414.64 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 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 Committee
Credit Card Payment

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

Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: Norma Nelly Vielma 4 Date 5 Payee name 9/23/2016 City of Laredo 6 Amount (\$) 7 Payee address; City; State; Zip Code 20.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Fees OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date **PCC** 9/26/2016 Amount (\$) Payee address; City; State; Zip Code 10.83 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food/ Beverage Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 9/26/2016 Pro Value Media Amount (\$) Payee address; City; State; Zip Code 756.67 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE Printing Expense** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH 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 Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Cardiologic Confine Committee Legal Services Salaries Wages Confine Center a category not listed above)  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma  3 Filer ID (Ethics Commission Filers)			
4 Date 9/26/2016	5 Payee name Pro Value Media			
6 Amount (\$) 3,076.50	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense	_	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9/27/2016	Webb County Deputy Sheriff Association			
Amount (\$) 150.00	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contribution/Donations		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9/28/2016	MiKayela Samian			
Amount (\$) 400.00	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor		ntside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
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 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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	,
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma	-	3 Filer ID (Ethics Commission Filers)
4 Date 9/29/2016	5 Payee name Fernando Treviño		
6 Amount (\$) 65.00	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	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)	!	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate A 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)		ntside of Texas. Complete Schedule T.  1. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

		EXPENDITURE CATE	GORIES FOR BOX 10(a)	)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursem Office Overhead/Rental Exper Poffling Expense Printing Expense Sataries/Wages/Contract Labo	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Year I have Calculate F	2: 2 FILER		is now to complete this for	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F	Z FILER	VAIVIE		3 Filer ID (Etnics Commission Filers)
4 TOTAL OF UNITE	MIZED UN	PAID INCURRED OBLI	GATIONS	\$
5 Date	6 Payee	name		
7 Amount (\$)	8 Payee	address; City; State;	Zip Code	
9 TYPE OF EXPENDITURE		phical	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (Se Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Auslin, TX. officeholder living expense			
11 Complete ONLY if direct expenditure to benefit Co	OH	didate / Officeholder name	Office sough!	Office held
Date	Payee	name		
Amount (\$)	Payee	address; Cyy; State;	zip Choe	
TYPE OF EXPENDITURE		Political	Non-Political	
PURPOSE OF EXPENDITURE	Categ	ory (See Categories (Isted at the top of t		cription Check Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C		ndidate / Officeholder name	Office sought	Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS SCHEDULE A	S NEEDED

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

	1 Total pages Schedule F3:		
The Instruction Guide explains how to complete this form.			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Name of person from whom investment is purchased			
6 Address of person from whom investment is purchased;	City; State; Zip Code		
7 Description of investment			
8 Amount of investment (\$)			
Date Name of person from whom investment is purchased	Name of person from whom investment is purchased		
Address of person from whom investment is purchased;			
Description of investment			
Amount of investment (\$)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED		

## **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

	SCHEDULE <b>F4</b>	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		
1 Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address, City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel utside 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/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Polit Credit Card Payment	The Instruction Guide explains how	cs/Wages/ContractLabor Other (enter a category not listed above) to complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	l
6 Amount (\$)  Reimbursementfrom political contributions	7 Payee address; City; State; Zip Code	
interided		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Checkiftravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit Co		Office sought Office held
Date	Payee name	\R
Amount (\$)  Reimbursementfrom political contributions intended	Payee address; City; State; Zin Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if traveloutside of Texas. Complete Schedule T. Check if Austin TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Co		Office sought Office held
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Co		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Funeralsing 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 Gill/Awards/Memorials Expense Printing Expense Travel Out OI District Salaries/Wages/Contract Labor Canalidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date 5 Business name 6 Amount (\$) Business address; City: State: Zip Code (a) Category (See Categorie Alisted at the top of this schedule) (b) Description 8 PURPOSE Check if travel outside of Texas. Complete Schedule T OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Business address; City; State: Amount (\$) Callegory (See Calegories listed at the top of his schedule Description PURPOSE Checkifiraveloutsideof Texas.Con\plateScheduleT OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date **Business** name Amount (\$) Business address: City; Slate; Zip Code Category (See Categories listed at the top of this schedule) Description Check if Ir avel outside of Teas. Complete Schedule T. PURPOSE OF Check if Austin, TX. officehorer living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE I

	The Instruction Guide explains how to com	plete this form
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	r	
4 Date	5 Payee name	
6 Amount (\$)	7 Payee addres; City; State; Zip Code	
8 PURPOSE	(a) Category (See instructions or examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
O F EXPENDITURE		
Date	Payee name	^
Amount (\$)	Payee address; City; State; Zi Code	
	1	
PURPOSE	Category (See instructions for transles of acceptable categories.)	Description (See instructions regarding type of information required.)
OF EXPENDITURE		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE	Category (See instructions for examples of acceptable	Description (See instructions regarding type of information
O F EXPENDITURE	categories.)	required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	\
BURBOSE	Category (See instructions for examples of acceptable	Description (See instructions regarding type of information
PURPOSE OF EXPENDITURE	categories.)	required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete t	his form.  1 Total pages Schedule K:	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Name of person from whom amount is received	8 Amount (\$)	
6 Address of person from whom amount is received	ved; City; State; Zip Code	
7 Purpose for which amount is received	Check if political contribution returned to filer	
Date Name of person from whom amount is received	Amount (\$)	
Address of person from whom amount is recei	ved; Cil; State; Zip Code	
Purpose for which amount is received	Check if political contribution returned to filer	
Date Name of person from whom amount is received	Amount (\$)	
Address of person from whom amount is recei	ved; City; State; Zip Code	
Purpose for which amount is received	Check if political contribution returned to filer	
Date Name of person from whom amount is received	Amount (\$)	
Address of person from whom amount is recei	ved; City; State; Zip Code	
Purpose for which amount is received	Check if political contribution returned to filer	
ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEEDED	

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instru	uction Guide	1 Total pages Schedule T:					
2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expend Schedule A2 Schedule F2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling  8 Departure city or name of departure location  9 Destination city or name of destination location						
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor / Corporation or Labor Organization / Rledgor / Payee							
Contribution / Expend Schedule A2 Schedule F2	Sched		Schedule B(J)	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
Dates of travel	Name of	Name of person(s) traveling					
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportation Purpose of travel (including name of conference seminar, or other event)				seminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expend	liture reported	on:					
Schedule A2	Sched	lule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schee	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportat	tion	Purpo	ose of travel (including	name of conference,	seminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filler (D (Ethics Commission Fliers)	2 Total pages liled:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mrs Norma	MI Nelly	OFFICE USE ONLY			
NAME	NICKNAME LAST Vielma	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY: STATE; ZIP C⊕DE	ECEIV			
Change of Address			_ = <u>m</u>			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Ivan	Мі	Receipt # Amount \$			
	NICKNAME LAST	Dale Processed				
	Rodriguez	Date Imaged				
TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	extension				
9 REPORT TYPE	January 15 30th day before		15th day after campaign Ireasurer appointment (Officeholder Only) Final Report (Allach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day Year September 30 / 2016  THROUGH October 29 / 2016					
11 ELECTION	Month Day Year Primary  Nov 08 2016 X General	Description				
12 OFFICE	OFFICE HELD (if any)	City Council Distr				
	GO ТО	PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Norma Nel	5 Filer ID (Ethics Commission Filers)						
16 NOTICE FROM POLITICAL COMMITTEE(S)	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	COMMITTEE NAME					
	GENERAL	Big River Media					
	SPECIFIC	COMMITTEE ADDRESS					
	Gr Corrio	PO Box 499 Laredo, Texas 78042					
		COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages		NA					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
		NA					
17 CONTRIBUTION TOTALS	l ·	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	1 %				
	2. TOTAL (OTHER	\$ 17,405.00					
EXPENDITURE TOTALS	3. TOTAL F	\$ NA					
	4. TOTAL	\$ 25,466.50					
CONTRIBUTION BALANCE	5. TOTAL F	DAY \$ 2,153.11					
OUTSTANDING LOAN TOTALS	6. TOTAL F	* 10,120.00					
Iswear, 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.  FLOR DE MARIA VELASCO INDICATE Public, State of Texas Comm. Expires 04-06-2021  Aman Mills Comm. Expires 04-06-2021							
AFFIX NOTARY STAMP/SEAL ABOVE							
Sworn to and subscribed before me, by the said Norman Mily Walraca, this the 3/5+ day of October, 20/6, to certify which, witness my hand and seal of office.							
Stord Maria Velasco Mila Robic.							
Signature of Officer administering oath Printed name of officer administering oath Title of officer administering oath							

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

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer II	O (Ethics Commission Filers)			
	Norma Nelly Vielma				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,405.00			
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,132.30			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ NA			
4.	X SCHEDULE E: LOANS	\$ 10,120.00			
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s 25,466.50			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ NA			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	rions \$ NA			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ NA			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ NA			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH \$ NA			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s NA			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ NA			

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1; The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Norma Nelly Vielma 4 Date 7 Amount of contribution (\$) 5 Full name of contributor oul-of-state PAC (ID#:\_ Raquel S. Alvarez 250.00 City; State; Zip Code 9/30/2016 6 Contributor address; 4818 Paloma Lane, Laredo: Texas 78041 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:\_ Date Amount of contribution (\$) 250.00 Jorge & Andria Lozano 9/29/2016 Contributor address; City; State; Zip Code 1911 Silverwood Drive, Laredo; Texas 78045 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Oul-of-state PAC (ID#:\_ Date Amount of contribution (\$) Roberto Garza-Gongora 250.00 Contributor address: City; State; Zip Code 9/29/2016 317 Manor Rd, Laredo; Texas 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Outol-state PAC (ID#: Amount of contribution (\$) 250.00 Eduardo H. Alvarez 9/29/2016 Contributor address; City; State; Zip Code 3102 Fair Oaks Laredo; Texas 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Norma Nelly Vielma	3 Filer ID (Ethics Commission Fiters)
4 Date 9/29/2016	5 Full name of contributor	7 Amount of contribution (\$) 250.00
3 Principal occ	upation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date 9/29/2016	Full name of contributor	Amount of contribution (\$) 100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 9/14/2016	Full name of contributor	Amount of contribution (\$) 200.00
Principal occi	upation / Job title (See Instructions) Employer (See Instruc	tions)
Dale 10/4/2016	Full name of contributor	Amount of contribution (\$)
Principal occi	upation / 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.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norma Nelly Vielma 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_ 300.00 Baltazar Ramos 10/10/2016 6 Contributor address; City; State; Zip Code 3302 Winsome Ct, Laredo; Texas 78045 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Evelyn Ashley Sames 1.000.00 Contributor address; 10/11/2016 City; State; Zip Code 222 St Julien, Laredo; Texas 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Tomas David Brittingham 1,000.00 10/11/2016 Contributor address; City; State; Zip Code 3002 Windcrest Laredo; Texas 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_ Amount of contribution (\$) 250.00 Victor A Gonzalez 10/11/2016 Contributor address: City; State; Zip Code 1620 Eagle Crest Loop Laredo; Texas 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

### MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
2 FILER NAME	Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor  ut-of-state PAC (II	D#:)	7 Amount of contribution (\$)		
Alma Acevedo-Lopez  6 Contributor address; City; State; Zip Code  8909 Northcrest Dr			1,000.00		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date 9/3/2016	Full name of contributor out-of-state PAC (II Reginald Richardson-Alma Lozano Contributor address; City; State;  8510 Cotage Park, San Antonio; Texas	Zip Code	Amount of contribution (\$) 300.00		
Principal occup	ions)				
Date 10/08/2016	Full name of contributor  out-of-state PAC (III  Julian Tijerina & Raquel M. Tijerina  Contributor address; City; State;  301 Lake Clark Laredo; Texas	D#:) Zip Code	Amount of contribution (\$) 1,500.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date 10/03/2016	David Alvarado	D#:)  Zip Code	Amount of contribution (\$) 1,000.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EEDED		
	If contributor is out-of-state PAC, please see instruc	ction guide for additional	reporting requirements.		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norma Nelly Vielma 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_ Raymundo Rodriguez Jr 1,000.00 9/28/2016 6 Contributor address; City; State; Zip Code 707 St James Apt #102 Laredo; Texas 78041 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Sandra Rocha Taylor 147.00 10/17/2016 Contributor address; City; State; Zip Code 1817 Freemont Laredo; Texas 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Humberto & Guadalupe Lopez Martinez 147.00 Contributor address; 10/17/2016 City, State; Zip Code 701 Surrey Laredo; Texas 78041 Principal occupation / Job title (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 1,000.00 Radcliffe Killam II 10/19/2016 Contributor address: City; State; Zip Code

Employer (See Instructions)

2628 Vineyard Lp Laredo; Texas 78045 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.

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norma Nelly Vielma 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_\_\_ Fred S. Hopson 1.000.00 10/17/2016 6 Contributor address; City; State; Zip Code 432 Emerald Laredo; Texas 78045 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Parker J Neel 500.00 Contributor address; City; State; Zip Code 10/7/2016 313 Lake Louise Ct. Laredo; Texas 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_ Date Amount of contribution (\$) Kevin & Lesley K Lilly 500.00 10/14/2016 Contributor address; City; State, Zip Code 3424 Robinhood St Houston; Texas 77005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Baldomero A. & Bertha Puig 200.00 10/17/2016 Contributor address; City; State; Zip Code 704 Merlin Rd. Laredo; Texas 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
2 FILER NAME	Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
10/20/2016	Valeria Victoria Barberena  6 Contributor address; City; State; Zip Code	2,000.00			
	10706 International Blvd Laredo; Texas 78045				
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)					
Date	Full name of contributor	Amount of contribution (\$)			
	Harvey R & Julie Hardwick	250.00			
10/05/2016	Contributor address; City; State; Zip Code				
	201 Lagarto Road George West; Texas 78022				
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor	Amount of contribution (\$)			
	Alfonso Barrera Jr	250.00			
10/04/2016	Contributor address; City; State; Zip Code				
	1000 Ranchway Dr No. 70 Laredo; Texas 78045				
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
10/04/2016	Edward L & Joemma Sherfey Jr  Contributor address; City; State; Zip Code	250.00			
	506 Mc Pherson Drive, Laredo; Texas 78041				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
1					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norma Nelly Vielma 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_ 250.00 Edward & Rossean Glassford 10/4/2016 6 Contributor address; City; State; Zip Code 201 Mc Pherson Dr. Laredo; Texas 78041 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Stephen J Marshall 250.00 10/04/2016 Contributor address: City; State; Zip Code Laredo; Texas 78045 3101 Fieldcrest Circle Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) Michael A. & Danielle Dobski Marasco 250.00 10/4/2016 City; State; Zip Code Contributor address; 236 Lake Powell Dr Laredo; Texas 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Concan Buena Vida Family LTD 250.00 10/04/2016 Contributor address; City; State; Zip Code 3106 Fair Oaks Dr. Laredo; Texas 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Norma Nelly Vielma 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_ Michael S. Setliff 300.00 10/27/2016 6 Contributor address; City; State; Zip Code 1319 Larry Lane Laredo; Texas 78045 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Gabriel C Castillo 100.00 Contributor address; 10/24/2016 City; State; Zip Code Laredo; Texas 78041 4 Quadrangle, Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Jesus Rangel 10.00 10/28/2016 Contributor address; City; State; Zip Code 8303 Country Club Dr Laredo, Texas 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ 501.00 Magaly Rodriguez 10/28/2016 Contributor address; City; State; Zip Code 7220 Bob Bullock Loop Laredo; Texas 78041 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.

Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A2: 5		
2 FILER NAME NORMA NELLY VIELMA			3 Filer ID (Ethics Commission Filers) N/A	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$ 200.00	
5 Date 10/04/2016			8 Amount of Contribution \$\frac{9}{1}\text{ In-kind contribution description}\$  1,350.00   food/beverage  Check if travel outside of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL) (See Instructions)	
Real Estate	Development Manager	Killam Dev	velopment	
12 Contributor's N/A	principal occupation (FOR JUDICIAL)	13 Contribu N/A	tor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's N/A	employer/law firm (FOR JUDICIAL)	15 Law firm N/A	of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
N/A				
Date Full name of contributor out-of-state PAC (ID#:			Amount of In-kind contribution Contribution \$ description 200.00 food/beverage	
10/30/2016	Contributor address; City; State; Zip Co 1003 Castle Heights Unit 1003 Laredo, TX 78041		Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe N/A	er (FOR NON-JUDICIAL) (See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tributor's job title (FOR JUDICIAL) (See Instructions)	
	employer/law firm (FOR JUDICIAL)	Law firm	aw firm of contributor's spouse (if any) (FOR JUDICIAL)	
		N/A		
N/A	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
lf If	contributor is out-of-state PAC, please see instructio	n guide for a	dditional reporting requirements.	

	NORMA NELLY VIELMA		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF U		2 FILER NAME NORMA NELLY VIELMA			
	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$			
5 Dale 10/22/2016 6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$ description 350.00 10/22/2016- food/beverage			
10 Principal occupa Restaurant	ation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)		
	ncipal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's em N/A	nployer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a N/A	a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
10/30/2016	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution \$ In-kind contribution description  109.39  10/30/2016 children's novelties  Check if travel outside of Texas. Complete Schedule		
Principal occupa	ation / Job title (FOR NON-JUDICIAL) (See Instructions) wholesaler	Emptoy N/A	er (FOR NON-JUDICIAL)(See Instructions)		
	incipal occupation (FOR JUDICIAL)	Contrib N/A	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's en	mployer/law firm (FOR JUDICIAL)	Law fire	m of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is N/A	a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAME NORMA NELLY VIELMA			3 Filer ID (Ethics Commission Filers) N/A	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$	
5 Date 10/12/2016 Hachar Media Advertising 7 Contributor address; City; State; Zip Code 4100 San Bernardo Ave Sute E-7 Laredo Tx, 78041		8 Amount of 9 In-kind contribution Contribution \$ description  1,200.00 LED Sign  Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ Media Adve	upation / Job title (FOR NON-JUDICIAL) (See Instructions) rtisement	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's N/A	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's N/A	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date  Full name of contributor out-of-state PAC (ID#:		de	Amount of In-kind contribution Contribution \$ description  1,200.00 LED Sign  Check if travel outside of Texas. Complete Schedule T.	
	eal Estate Development	Employe N/A	loyer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu N/A	Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL) $N/A$		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED	
lf.	contributor is out-of-state PAC, please see instruction		-	

### SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A2:			
2 FILER NAME	NORMA NELLY VIELMA		3 Filer ID (Ethics Commission Filers) N/A		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$		
5 Date 6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$ 9 In-kind contribution description  350.00 supplies/fees  Check if travel outside of Texas. Complete Schedule T.			
10 Principal occ Law Firm	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's N/A	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 10/25/2016	Full name of contributor	Amount of In-kind contribution Contribution \$ description  122.72 food  Check if travel outside of Texas. Complete Schedule T.			
Principal occ Restau	upation / Job title (FOR NON-JUDICIAL) (See Instructions) rant	Employe N/A	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	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)  N/A			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME NORMA NELLY VIELMA			3 Filer ID (Ethics Commission Filers) N/A	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
Arnulfo Valdoz		8 Amount of South Part of Contribution \$ 9 In-kind contribution description  200.19 food/beverage  Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ Taxi Driver	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe Valdez Tax	er (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's N/A	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's N/A	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID#:) Felipe Vielma  10/22/2016 Contributor address; City; State; Zip Code  113 Regal Dr Laredo Tx 78041			Amount of In-kind contribution Contribution \$ description  200.00 food/beverage  Check if travel outside of Texas. Complete Schedule T.	
Principal occ Communic	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe AT&T	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu N/A	ibutor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	aw 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.				

#### SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 1 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor Amount . 9 In-kind contribution out-of-state PAC (ID#:\_\_\_ 8 of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-of-state PAC (ID#: of Pledge \$ description State; Zip Code Pledgor address; City; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of Out-di-state PAC (ID#: In-kind contribution Full name of pledgor Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date Full name of pledgor Amount of out-of-state PAC (ID#: Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 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.

#### SCHEDULE E **LOANS** 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norma Nelly Vielma TOTAL OF UNITEMIZED LOANS \$ 10,120.00 5 Date of loan 7 Name of lender 9 Loan Amount (\$) out-of-state PAC (ID#:\_\_\_\_ 100.00 July 19, 2016 Norma Nelly Vielma 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial NA 1007 San Dario Ave. Laredo, Texas 78040 Institution? 11 Maturity date N 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) Vielma Law Firm, PLLC Attorney 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) X none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender ut-of-state PAC (ID#:\_ July 21, 2016 Norma Nelly Vielma 5,010.00 . . . . . . . . . . . . . Interest rate Is lender Lender address; City; State; Zip Code a financial NA Institution? Laredo, Texas 78040 1007 San Dario Maturity date N Principal occupation / Job title (See Instructions) Employer (See Instructions) Vielma Law Firm, PLLC Attorney Description of Collateral Check if personal funds were deposited into political account (See Instructions) X none $\mathbf{X}$ GUARANTOR Name of guarantor Amount Guaranteed (\$) **INFORMATION** City; Guarantor address; State; Zip Code x not applicable Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS			SCHEDULE <b>E</b>
The	Instruction Guide explains how to	complete this form.	1 Total pages Schedule E:
2 FILER NAME Norma Nelly	Vielma		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan August 9, 2016	7 Name of lender out-o	of-state PAC (ID#:	9 Loan Amount (\$) 5,010.00
6 Is lender a financial Institution?	8 Lender address; City 1007 San Dario Ave. Lare	•	10 Interest rate NA
y X			11 Maturity date
12 Principal occupation Attorney	on / Job title (See Instructions)	13 Employer (See Instru Vielma Law Firm	n, PLLC
14 Description of Coll	ateral	15 Check if personal fur account (See Instruc	nds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	·	19 Amount Guaranteed (\$)
not applicable  20 Principal Occupat	18 Guarantor address; City	y; State; Zip Code  21 Employer (See Instru	ctions)
N			
Date of loan	Name of lender	of-state PAC (ID#:	Loan Amount (\$)
ls lender a financial	ander address; Cit	y; State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation Attorney	on / Job title (See Instructions)	Empto er (See Instru	actions)
Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; Cit	y; State; <b>Zip Code</b>	
not applicable	<u> </u>	Employer (See Instan	estions)
Principal Occupati	ion (See Instructions)	Employer (See Instru	ictions)
lf I	ATTACH ADDITION ender is out-of-state PAC, please	AL COPIES OF THIS SCHEDUL see instruction guide for addi	_

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense 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)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
4 Date 9/30/16	5 Payee name IBC BANK	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
34.96		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	ACCOUNTING-BANKING	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
10/03/16	FACEBOOK	
Amount (\$)	Payee address; City; State; Zip Code	
27.11		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	ADVERTISING EXPENSE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE		— Gleek in resulting the state of the state
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
10/06/16	RAPID PRINT	
Amount (\$) 22.73	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	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

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Circl (office a dategory not noted assort)		
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)		
4 Date 10/07/16	5 Payee name LONCHERIA EL POPO				
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		ntside of Texas. Complete Schedule T. n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
10/11/16	WALMART/SAMS				
Amount (\$) 13.52	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		tside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	 Candidate / Officeholder name  -	Office sought	Office held		
Date	Payee name				
10/11/16	POLOS BAKERY				
Amount (\$) 30.00	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/DonationsMadeBy
Candidate/Officeholder/Political Committee

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries M The Instruction Guide explains how to c	ages/Contract Labor Other (enter a category not listed above)  omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
4 Date 10/11/16	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
43.73	HEB	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	FOOD/BEVERAGE EXPENSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
i0/11/16	CHEDDAR'S 570	
Amount (\$)	Payee address; City; State; Zip Code	
80.04 L		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	FOOD/BEVERAGE EXPENSE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE		Grieck in Austin, 1A, unicendided living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/11/16	LOLITA'S BISTRO	
Amount (\$)	Payee address; City; State; Zip Code	
222.48		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	Check if travel outside of Texas. Complete Scheaule 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

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense 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 (or the appropriate the appropriate appropriate the appropriate appropriat

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		ages/ContractLabor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	<u> </u>	ompiete tina form.	3 Filer ID (Ethics Commission Filers)
4 Date 10/11/16	5 Payee name AMERICAN LIGTH & POWER		ı
6 Amount (\$) 598.84	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD AND RENTAL		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/11/16	LOT 31 FILMS		
Amount (\$) 2037.50	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) ADVERTISING EXPENSE		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/12/16	QUATER MILE		
Amount (\$) 550.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNE	EEDED

### SCHEDULE F1

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

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 10/12/16	5 Payee name PERLA DIAZ		
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  CONTRACT LABOR		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/17/16	STRIPES 7044		
Amount (\$) 25.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION EQP.		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/17/16	DANNYS RESTAURANT		
Amount (\$) 29.61	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD /BEVERAGE EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNE	EDED

### SCHEDULE F1

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

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

	explains how to complete this form.	
1 Total pages Schedule F1: 2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 5 Payee name QUARTER MILE		
6 Amount (\$) 7 Payee address; City; Sta	ite; Zip Code	
551.58		
8 (a) Category (See Categories listed at the top		
PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. Istin. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name	Office sought	Office held
Date Payee name		
10/17/16 LAREDO MORNING TIM	ES	
	ite; Zip Code	
670.00		
Category (See Categories listed at the top		
PURPOSE OF ADVERTISING EXPENSI		ol outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Office sought	Office held
Date Payee name		NATE OF THE PARTY
10/17/16 CITY OF LAREDO		
Amount (\$) Payee address; City; Sta	ate; Zip Code	
Category (See Categories listed at the to		el puteido of Touron Compilato Columbia III. T
OF OF OFFICE OVERHEAD/RE EXPENDITURE	NTAI   💳	el outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH	Office sought	Office held
ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS N	NEEDED

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense 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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/16	5 Payee name YORTE		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
140.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	ADVERTISING EXPENSE		utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/19/16	MIKAYLA		
Amount (\$)	Payee address; City; State; Zip Code		
800.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	CONTRACT LABOR		tside of Texas. Complete Schedule T.
EXPENDITURE		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	orthograph and make any	
10/19/16	LAREDO MORNING TIMES		
Amount (\$)	Payee address; City; State; Zip Code		
1500.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
CreditCard Payment	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/16	5 Payee name WAL MART/SAMS CLUB		
6 Amount (\$) 89.64	7 Payee address; City; State; Z	ip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this FOOD/BEVERAGE EXPENS	E Check if travel	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		, , , , , , , , , , , , , , , , , , ,
10/19/16	PRO VALUE MEDIA		
Amount (\$) 2561.24	Payee address; City; State; 2	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this PRINTING EXPENSE	Checkiftravel	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/21/16	WEBB COUNTY ELECTIONS	3	
Amount (\$) 85.00	Payee address; City; State; 2	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this POLLING EXPENSE	Checkiftravel	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias Magas/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	lages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date 10/21/16	5 Payee name ENTRAVISION	'	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
3221.50			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Checkiftravel out	tside of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING EXPENSE	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/16	STRIPES 7044		
Amount (\$) 17.32	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/16	HEB GAS 255		
Amount (\$) 41.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Caiegories listed at the top of this schedule) TRANSPORTATION EQP.		tside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense 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)

, <del>,</del>	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 10/24/16	5 Payee name HEB		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
45.67			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/20/16	CHEDDAR'S 570		
Amount (\$) 47.24	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/16	TACOS KISSI DEL MAR		
Amount (\$) 59.01	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		utside of Texas. Complete Schedule T. n, 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 NE	EDED

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gilt/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)

Candidate/Officeholder/Politica CreditCard Payment	Il Committee Legal Services Salaries/W The Instruction Guide explains how to c	/ages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	·	<u> </u>	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/16	5 Payee name GODADDY		
6 Amount (\$) 64.14	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE		outside of Texas. Complete Schedule T. in, T.X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/16	WALMART/ SAM'S CLUB		
Amount (\$) 191.92	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/16	GUERRA COMMUNICATION		
Amount (\$) 2040.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE		outside of Texas. Complete Schedule T. in, T.X., officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

### SCHEDULE F1

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

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Nages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
4 Date 10/25/16	5 Payee name STRIPES 7044	
6 Amount (\$) 11.91	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description  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/Ol	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
10/25/16	WENDY'S	
Amount (\$) 25.79	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/25/16	CAFE DOLCE	
Amount (\$) 28.69	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	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/Ol	Candidate / Officeholder name	Office sought Office held
	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 Committee

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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
4 Date 10/25/16	5 Payee name YORTE	
6 Amount (\$) 56.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE	(b) Description  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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/26/16	STRIPES 7456	
Amount (\$) 3.24	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/26/16	MIKAYLA	
Amount (\$) 400.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  CONTRACT LABOR	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
	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 Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (or the posterior uppl listed shows)

Candidate/Officeholder/Politica CreditCardPayment	al Committee Legal Services Salaries/M  The Instruction Guide explains how to c	ages/ContractLabor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/16	5 Payee name KGNS		
6 Amount (\$) 3689.00	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		tside of Texas. Complete Schedule T. , TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		TABLE TO THE TABLE
10/27/16	LOT 31 FILMS		
Amount (\$) 2037.50	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		tside of Texas. Complete Schedule T. , T.X. officeholder fliving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/26/16	MCDONALDS		
Amount (\$) 3.24	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		tside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

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

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement OfficeOverhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ng Expense les/Wages/Contract Labor to complete this form.	Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)	
4 Date 10/27/16	5 Payee name HEB	,		
6 Amount (\$) 14.21	7 Payee address; City; State; Zip Cod	de		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule FOOD BEVERAGE EXPENSE	Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10/28/16	ENTRAVISION			
Amount (\$) 2796.50	Payee address; City; State; Zip Coc	de		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule ADVERTISING EXPENSE	Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
- Qate	Payee name			
Amount (\$)	Paye ddress; City; State; Zip Coo			
PURPOSE OF EXPENDITURE	Category (See Categories I sted at the top of this secondule	Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Olloneld	
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 Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (or the program of lighted above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wi The Instruction Guide explains how to co	ages/ContractLabor	Other (enter a category not listed	above)
	,			
1 Total pages Schedule F1:	Norma Nelly Vielma		3 Filer ID (Ethics Commiss	ion Filers)
4 Date	5 Payee name			
10/27/16	STRIPES 7044			_ <u>_</u>
6 Amount (\$)	7 Payee address; City; State; Zip Code			
59.41				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	FOOD/BEVERAGE EXPENSE		utside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austir	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office he	ld
Date	Payee name			
10/27/16	MCDONALDS			
Amount (\$)	Payee address; City; State; Zip Code			
3.24				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	FOOD/BEVERAGE EXPENSE	Checkiftravel ou	itside of Texas. Complete Schedule T.	
OF EXPENDITURE	TOOD/DEVENINGE EXITERIOR	Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office he	ld
expenditure to benefit C/OF	1			
Date	Payee name		10000	
10/29/16	HEB			
Amount (\$)	Payee address; City; State; Zip Code		<del>_</del>	
4.20				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel ou	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	FOOD BEVERAGE EXPENSE	Check if Austir	n, TX, officeholder living expense	
EX. ENDITORE				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office h	eld
expenditure to benefit C/OF	1			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX8(a)**

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

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)				
4 Date 10/29/16	5 Payee name HEB					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
46.66						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
10/29/16	MCDONALDS					
Amount (\$) 29.01	Payee address; City; State; Zip Code					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	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					
10/29/16	KRISPI KREME					
Amount (\$) 15.98	Payee address; City; State; Zip Code					
	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T.				
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED				

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Contribution / 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name Rayee address; City; State; Zip Code **7** Amount (\$) TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See 0 tegories listed at the top of his schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder Office sought Office held ame expenditure to benefit C/QH Date Pakee name Amount (\$) City; State; Zip Payee address; Çode TYPE OF Non-Politica Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF eck if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Name of person from whom investment is purchased  6 Address of person from whom investment is purchased; Cit	
7 Description of investment	
8 Amount of investment (\$)	
Date Name of person from whom investment is purchased	
Address of person from whom investment is purchased; City	y; State; Zip Code
Description of investment	
Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

			JOHEDOLE I 4
	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACREDIT CARD	\$
5 Date	6 Рауее пате		
<b>7</b> Amount (\$)	8 Payee address; City; State;	<del>Zip</del> Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	on
PURPOSE		Checki	ftravel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check	if Austin, TX, officeholder living expense
ZXI ZIVDITOTIZ			, , , , , , , , , , , , , , , , , , ,
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Rayee address; City; State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Checki	on  f travel outside of Texas. Complete Schedule T.  if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EEDED

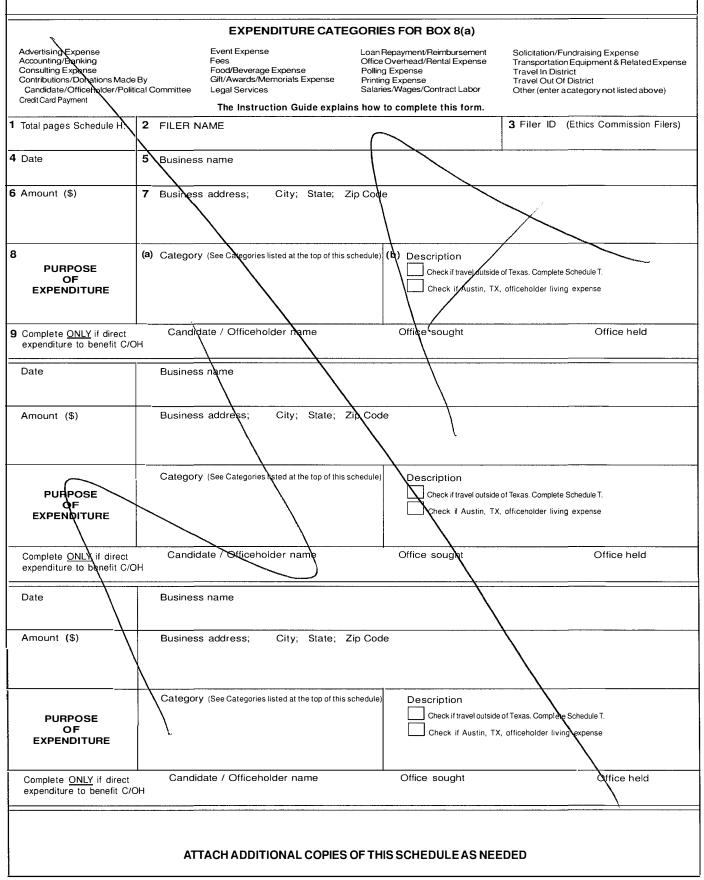
## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking		Event Expense Fees	е	Loan Rep Office O	payment/Reimbursement verhead/Rental Expense		sing Expense pment & Related Expense
Consulting Expense Contributions/Donations N			emorials Expense	Polling E Printing I	Expense	Travel In District Travel Out Of Distri	
Camuldate/Officeholder/ Credit Card Payment	Political Committee	Legal Services The Instruc			Wages/ContractLabor complete this form.	Other (enter a categ	gory not listed above)
1 7 1 1 0 1 1 1	0 2 F# FD N					3 57 15 (51)	
1 Total pages Schedule	e G: 2 FILER N	AME				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ime					
6 Amount (\$)	7 Payee ad	ldress;	City; State;	Zip Code			
Reimbursement fro political contribution intended							
8 PURPOSE OF EXPENDITURE	(a) Categor)	(See Categories li	isted at the top of this	schedule)		side of Texas. Complete Sche TX, officeholder living ex	
9 Complete ONLY if di expenditure to benef		date / Officend	older name	1/1	Office sought		Office held
Date	Payee na	ıme					
Amount (\$)	Payee a	ldress;	City; State,	Zip Code			
Reimbursementfro political contributio intended							
PURPOSE	Category	(See Categories li	isted at the top of this	schedule)	(b) Description	side of Texas. Complete Sch	adula T
EXPENDITURE			\		$\overline{\sim}$	TX, officeholder living ex	
Complete ONLY if di expenditure to benef		date / Officeho	older name		Office sought		Office held
Date	Payee na	ame					
Amount (\$)	Payee ad	ddress;	City; State;	Zip Code			
Reimbursementfro political contribution intended							
PURPOSE OF EXPENDITURE	Category	(See Categories I	isted at the top of this	schedule)		tside of Texas. Complete Sch , TX, officeholder living ex	\
Complete <u>ONLY</u> if di expenditure to benef		date / Officeh	older name		Office sought		Office held
	АТТ	ACH ADDITIO	ONAL COPIES	OF THIS S	SCHEDULE AS NEI	EDED	

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H



### SCHEDULE !

\	The Instruction Guide explains how to com	plete this form.
Total pages Schedule I:	2 FILERNAME	3 Filer ID (Ethics Commission Filers)
Date	5 Payee name	<u> </u>
Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information equired.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Name of person from whom amount is received	8 Amount (\$)			
6 Address of person from whom amount is received; City; State;	Zip Code			
7 Purpose for which amount is received Chesk if	political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; Sity; State				
Purpose for which amount is received Check if	political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; State;	: Zíp Code			
Purpose for which amount is received	political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; State	e; Zip Code			
Purpose for which amount is received Check if	political contribution returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

	•				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	J				
5 Contribution / Expenditure reported on:					
Schedule Ax Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS					
6 Dates of travel 7 Name of person(s) traveling					
8 Departure city or name of departure location					
	<del>/</del>				
9 Destination city or name of destination location					
10 Means of transportation 11 Purpose of travel (including name of conference, se	eminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Palee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(X) Schedule C2 Schedule D Schedule F1					
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city of name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expet diture reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel Name of person(s) traveling	Name of person(s) traveling				
Departure city or name of departure location	Departure city or name of departure location				
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
r urpose of traver (including name of conference, s	onina, or orior event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					