CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mrs Norma NICKNAME LAST Vielma	MI Nelly SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	RECEIVED III. 17 III.I SECRETARYS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered of Date Rostmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Ivan NICKNAME LAST ROdriguez	MI 	Receipt # Amount \$ Date Processed Date 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 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year January / 16 / 2017	THROUGH June	Day Year / 30 / 2017
11 ELECTION		ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council Distr	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITH A CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS LIBES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE		A THE ATTIMATION ONE! IT THE I RECEIVE NOTICE
		COMMITTEE NAME	
	GENERAL	Big River Media	
	COMMITTEE ADDRESS PO Box 499 Laredo, Texas 78042		
/		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		NA	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		NA	
17 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ NA
	4. TOTAL	POLITICAL EXPENDITURES	\$ 735.18
CONTRIBUTION BALANCE	5. TOTAL P	DAY \$ 913.53	
OUTSTANDING LOAN TOTALS	6. TOTAL F	\$ 13,120.00	
Com	wildiam DE HAR(try Public, State of tom. Expires 01-30- lotary ID 13098570	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
Sworn to and subscriday of	ibed before me, t	by the said DORMA NEWY VIELMI	A, this the
Signature of officer ac	ido Haro	Printed name of officer administering oath	NOTARY PUBLIC Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Norma Nel	ly Vielma		15 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	TREPAC/ TEXAS ASSOCIATION OF REALTORS PO	OLITICAL ACTION COMMITTEE	
	SPECIFIC	COMMITTEE ADDRESS		
		PO Box 2246 Austin, Texas 78768-	2246	
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		NA		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		NA		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			
	4. TOTAL	POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING BERIOD \$			
18 AFFIDAVIT		X		
	SIR		perjury, that the accompanying report is ormation required to be reported by me	
	\ /			
		Signature of Can	didate or Officeholder	
AFFIX NOTARY STAME	1/8EALABOVE			
	/			
		y the said	, this the	
day of	, 20, t	o certify which, witness my hand and seal of office.		
Signature of officer ac	lministering 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	mmission Filers)	
	Norma Nelly Vielma		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ NA
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ NA
4.	X SCHEDULE E: LOANS		\$ 13,120.00
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 735.18
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ NA
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ NA
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ NA
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	^{\$} 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 CO	ONTRIBUTIONS	\$ NA
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	^{\$} NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Th	e Instruction Guide explains ho	w to complete this form.	1 Total pages Schedule A1:
FILER NAMI	Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)	
/17/2017	6 Contributor address;	OCIATION OF REALTORS City; State; Zip Code Austin, Texas 78768-2246 9 Employer (See Ins	7 Amount of contribution (\$) 1,000.00
, molparocc	openion 7 555 the (See Institutions	S Employer (See Ins	indictions)
Date	Full name of contributor Contributor address;	out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occu	upation Job title (See Instructions)	Employer (See Inst	tructions)
Date Principal occu	Full name o contributor Contributor address;	City; State: Zip Code Employer (See Inst	Amount of contribution (\$)
Date	Full name of contributor Contributor address:	out-of-state PAC (ID#:	_) Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Inst	tructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

ТІ	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)
4 TOTALO	F UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$
5 Date	Full name of contributor	8 Amount of . 9 In-kind contribution Contribution \$. description
	7 Contributor address; City; State; Zip Code	
10 Principal occ	supation / Job title (ROR NON-JUDICIAL) (See Instructions) 17 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL) 13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	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	Full name of contributor	Amount of . In-kind contribution Contribution \$. description
	Sontributor address; City; State Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (ROR NON-JUDICIAL) (See Instructions) Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL) Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	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 THIS SCHEDU contributor is out-of-state PAC, please see instruction guide for a	JLE AS NEEDED dditional reporting requirements.

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

LOANS

SCHEDULE E

The	Instruction Guide explains how to comp	lete this form.	Total pages Schedule E: 2	
2 FILER NAME Norma Nelly Vielma			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	ITEMIZED LOANS		\$ 13,120.00	
5 Date of loan July 19, 2016	7 Name of lender □ out-of-state Norma Nelly Vielma	PAC (ID#:)	9 Loan Amount (\$) 100.00	
6 Is lender a financial Institution?		State; Zip Code	10 Interest rate NA 11 Maturity date	
Y X				
12 Principal occupation Attorney	on / Job title (See Instructions)	13 Employer (See Instructions) Vielma Law Firm, PLLO	C	
14 Description of Coll. \[\text{\text{N}} \] 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 applicablePrincipal Occupat		State; Zip Code 21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
July 21, 2016	Norma Nelly Vielma		5,010.00	
ls lender a financial Institution?	·	State; Zip Code	Interest rate NA	
Y M	1007 San Dario Laredo, Te	:xas /8040	Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Attorney		Vielma Law Firm, PLLC		
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political	
X none GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City; S	State; Zip Code		
T				
Principal Occupation	on (See Instructions)	Employer (See Instructions)		
		*		
If le	ATTACH ADDITIONAL COI ender is out-of-state PAC, please see ins	PIES OF THIS SCHEDULE AS NE struction guide for additional re		

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Forms provided by Texas Ethics Commission

LOANS SCHEDULE E 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 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender 9 Loan Amount (\$) ut-of-state PAC (ID#:____ August 9, 2016 5,010.00 Norma Nelly Vielma 10 Interest rate 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 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City: State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender Loan Amount (\$) out-of-state PAC (ID#:_ December 9, 2016 Norma Nelly Vielma 3,000.00 Interest rate Is lender Lender address; City; State; Zip Code a financial NA Institution? 1007 San Dario Laredo, Texas 78040 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)

Check if personal funds were deposited into political account (See Instructions)

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

To 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.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By

Fees Food/Beverage Expense Legal Services

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 DNH GODADDY 1/23/17 6 Amount (\$) 7 Payee address; City; State; Zip Code 70.54 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE ADVERTISING 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 1/31/17 **IBC** Amount (\$) Payee address; City; State; Zip Code 15.40 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE ACCOUNTING-BANKING** 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 Pavee name 2/01/17 **FACEBOOK** Amount (\$) Payee address; City; State; Zip Code 85.53 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE ADVERTISING EXPENSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct 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
Gredit Card Payment

Event Expense Fees Food/Beverage Expense Gitf/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 a	complete this form.	Other (efficer a category flot listed above)
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)	
4 Date 2/17/17	5 Payee name CASA GUERO		
6 Amount (\$) 45.09	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	l 	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/21/17	HEB		
Amount (\$) 12.99	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		itside 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
Date	Payee name		
2/21/17	SAM'S CLUB		
Amount (\$) 15.96	Payee address; City; State; Zip Code	100	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		iside 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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		xpense Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Ground and Farmoni	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 2/21/17	5 Payee name HEB		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
31.04			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	FOOD/BEVERAGE EXPENSE		utside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	L Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2/23/17	GODADDY		
Amount (\$)	Payee address; City; State; Zip Code		
10.80			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	ADVERTISING EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
EXPENDITURE		Oleck ii Addiii	, in, uniceroider living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/28/17	IBC		
Amount (\$)	Payee address; City; State; Zip Code		
15.15			
	Category (See Categories listed at the top of this schedule)	Description	A
PURPOSE OF EXPENDITURE	ACCOUNTING/BANKING		ulside 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 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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politic Credit Card Payment	,	Vages/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 3/01/17	5 Payee name FACEBOOK	<u> </u>
6 Amount (\$) 61.00	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/Ol	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
3/23/17	GODADDY	
Amount (\$) 10.80	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING 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/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/31/17	IBC	
Amount (\$) 13.90	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	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/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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 4/03/17 **FACEBOOK** 6 Amount (\$) 7 Payee address; City; State; Zip Code 32.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE ADVERTISING EXPENSE Check if Austin, TX, officeholder living expense ΟF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4/13/17 **BOLILLOS CAFE** Amount (\$) Payee address; City; State; Zip Code 38.45 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 Payee name Date 4/24/17 GODADDY Amount (\$) Payee address; City; State; Zip Code 65.14 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ADVERTISING EXPENSE OF EXPENDITURE Check if Austin, TX, officeholder living expense 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Polling Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor 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 4/30/17 **IBC** 6 Amount (\$) 7 Payee address; City; State; Zip Code 14.10 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ACCOUNTING/BANKING Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 5/01/17 **FACEBOOK** Amount (\$) Payee address; City; State; Zip Code 20.00 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** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5/23/17 **GODADDY** Amount (\$) Payee address; City; State; Zip Code 10.64 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

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

Candidate/Officeholder/Politica		xpense Travel Out Of District /ages/Contract Labor 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 5/31/17	5 Payee name FACEBOOK	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
58.02		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	ADVERTISING 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/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/31/17	IBC	
Amount (\$)	Payee address; City; State; Zip Code	
14.10		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	ACCOUNTING/BANKING	Check if Iravel outside 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	
6/06/17	GODADDY	
Amount (\$)	Payee address; City; State; Zip Code	
69.99		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	ADVERTISING EXPENSE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	l	Office field
	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

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

Travel Out Of District
Other (enter a category not listed above) Candidate/Officeholder/Political Committee 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 6/23/17 GODADDY 6 Amount (\$) 7 Payee address; City; State; Zip Code 10.64 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ADVERTISING EXPENSE 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 Payee name 6/30/17 **IBC** Amount (\$) Payee address; City; State; Zip Code 13.90 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ACCOUNTING/BANKING 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 Pavee name -Date Amount (\$) Payee address; City; State; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		EXPENDITURE CATI	EGORIES FOR BO	X 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Loan Repayment/Rei Office Overhead/Rer Polling Expense Printing Expense Salaries/Wages/Con ains how to complete	ntal Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER		•		2 Files ID (Ethias Commission Filess)
1 Total pages Schedule 12.	2 1122111	VAIVIL			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UN	PAID INCURRED OBI	IGATIONS		\$
5 Date	6 Payee	name			
7 Amount (\$)	8 Payee	address; City; State	; Zip Code		
9 TYPE OF EXPENDITURE	[F	Political	Non-Political	And the second of the second of the second	
10	(a) Catego	ory (See Categories listed at the top of	this schedule) (E) Descriptio	n
PURPOSE				· ·	travel outside of Texas. Complete Schedule T.
OF			(·
EXPENDITURE				Crieck is	f Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O		ndate / Officeholder name	Office sou	ught	Office held
	1				
Date	Payee	name			
Amount (\$)	Payee	address; City; State	; Zip Code	-	
TYPE OF EXPENDITURE	F	Ottical [Non-Political		
	Catego	ry (See Categories listed at the top of	this schedule)	Descriptio	n
PURPOSE			`	Check if t	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE				Check if	Austin, TX, officeholder living expense
					_
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
experiatione to beliefit 0,011					
	\	\			
		`			
	ATTAC	H ADDITIONAL COPIES	OF THIS SCHEDU	JLE AS NEI	EDED \
	_				

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	City; State; Zip Code
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	
Address of person from whom investment is purchased.	City; State; Zip Code
Description of investment	
Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCI	HEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXPENDITURE	CATEGORIES FOR BO	OX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	al Committee Legal Services	Loan Repayment/Re Office Overhead/Re Polling Expense xpense Printing Expense Salaries/Wages/Co	ental Expense Transp Travel Travel ontract Labor Other (tion/Fundraising Expense ortation Equipment & Related Expenso In District Out Of District enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		3 Filer	ID (Ethics Commission Filers)
TOTAL OF UNITEM	IZED EXPENDITURES CHA	ARGED 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)		e of Texas. Complete Schedule T.
11 Complete ONLY if direct expenditure to benefit C/O	Candidate Officeholder r	name Office so	ought	Office held
Date	Payee name			4
Amount (\$)	Payee address; City;	State; Zip Code		
TYPE OF	Political	Nen-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at	the top of this schedule)	\	e of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	H Candidate / Officeholder r	name Office so	ought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHED	ULE 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 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	o complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	-
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
8 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY it direct expenditure to benefit CX	Candidate / Office older name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	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
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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

SCHEDULE H

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

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services S The Instruction Guide explains I	how to complete this form.	Other (enter a category not listed above)
Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Date	5 Business name		
Amount (\$)	7 Business address; City; State; Zip C	Code	4, 2010 00 00 77
	(2) Cotagony (2) Out of the last of the las		
PURPOSE OF	(a) Category (See Categories listed at the top of this sched	Check if travel outsid	de of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, T.	X_officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; Oity; State; Zip (Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel outsid	le of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit G/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip (Code	
PURPOSE	Category (See Categories listed at the top of this sched		le of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, T	X, 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 NEF	EDED

SCHEDULE I

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

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

SCHEDULE T

The Instr	uction Guide	explain	s how to complete th	nis form.	1 Total pages Schedule T:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expend	diture reporte	d on:		*	
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
6 Dates of travel	7 Name	of person(:	s) traveling		
					1
	8 Pepartu	re city or	name of departure local	tion	
				/	/
	9 Destina	tion city or	name of destination lo	cation	
10 Means of transportat	ion	11 Rurp	ose of travel (including	name of conference, se	eminar, or other event)
Name of Contributor	/ Corporation	ortobore	Organization / Pledgor	(Bauca)	The state of the s
realite of Continuitor	Corporation	OI LADOI V	Organization / Pleagor /	rayee \	
Contribution / Expend	diture reporter				
Schedule A2	<u> </u>				
Schedule Az	□Sche	dule B	Schedule B(J)	Schedule C2	☐ Schedule D ☐ Schedule F1
Schedule F2		dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name o	of person(s	s) traveling	\	
	Departure city or name of departure location				
	Destina	tion city or	name of destination lo	cation	
	Bootina	lion only of	Name of desimation to	Cation	
Means of transportat	ion	Puro	ose of travel (including	name of conference, se	ominor or other great)
Medilo of transportat		Fulb	ose of haver (including	name of conference, se	erninar, or other event)
		<u> </u>			
Name of Contributor	/ Corporation	or Labor (Organization / Pledgor /	Payee	
Contribution / Expend	titure reported	on:			
Schedule A2	Sche	dule B	Schedule B()	Schedule C2	Schedule D Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name c	f person(s	s) traveling		
				· · · · · · · · · · · · · · · · · · ·	
	Departure city or name of departure location				
	Destinat	ion city or	name of destination lo	cation	
Means of transportati	ion	Purpi	se of travel (including	name of conference, se	eminar, or other event)
	Α٦	TACH A	DDITIONAL COPIES	OF THIS SCHEDULE	ASNEEDED