

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: <div style="font-size: 24pt; text-align: center;">46</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Norma Nelly <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Vielma	OFFICE USE ONLY									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Received <div style="text-align: center; font-size: 12pt;"> RECEIVED OFFICE 2016 JUL 16 10:05 AM </div>									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Ivan <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Rodriguez	Receipt #	Amount \$								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8305 Country Club Drive Laredo Texas 78045									
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 606-0990	Date Processed									
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">January / 1 / 2018</td> <td></td> <td style="text-align: center;">June / 30 / 2018</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	January / 1 / 2018		June / 30 / 2018		
Month Day Year	THROUGH	Month Day Year									
January / 1 / 2018		June / 30 / 2018									
11 ELECTION	ELECTION DATE Month Day Year Nov / 08 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council District 5									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Norma Nelly 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
<input type="checkbox"/> GENERAL	NA
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	NA
	COMMITTEE CAMPAIGN TREASURER NAME
	NA
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	NA

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ NA
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,540.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ NA
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,709.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 24,077.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,120.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Norma Nelly Vielma
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said NORMA NELLY VIELMA, this the 16th day of July, 2018, to certify which, witness my hand and seal of office.

Miriam de Haro MIRIAM DE HARO NOTARY PUBLIC
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 Norma Nelly Vielma		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 30,540.00
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ NA
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ NA
4. <input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 13,120.00
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,709.19
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ NA
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ NA
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ NA
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ NA
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ NA
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ NA
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 22
2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 01/11/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roderick Lopez 6 Contributor address; City; State; Zip Code 1004 E. Hillside Rd. Suite B Laredo; Texas 78041	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evelyn Summers Contributor address; City; State; Zip Code 307 Winsor Rd., Laredo; Texas 78041	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBC PAC Contributor address; City; State; Zip Code 130 E. Travis San Antonio, Texas 78205	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Flores Contributor address; City; State; Zip Code 5517 McPherson Rd. Suite 14 Laredo; Texas 78041	Amount of contribution (\$) 1500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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

01/11/2018

5 Full name of contributor

Olivia Varela

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

302 Windsor Rd. Laredo; Texas 78041

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/11/2018

Full name of contributor

Cesar Cantu

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

410 Longshadow Laredo; Texas 78041

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/11/2018

Full name of contributor

Elite Employment Services

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

6550 Springfield Ave. Laredo, Texas 78041

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/11/2018

Full name of contributor

John and Ana Galo

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

104 Brand Drive Laredo; Texas 78041

Amount of contribution (\$)

1000.00

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 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 01/12/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noel Valdez 6 Contributor address; City; State; Zip Code 216 West Village Blvd. Laredo; Texas 78041	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Cruz Contributor address; City; State; Zip Code 216 West Village Blvd. Laredo; Texas 78041	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Lavaude Contributor address; City; State; Zip Code 1419 San Dario Ave. Laredo, Texas 78040	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forum Comm. Real Estate Contributor address; City; State; Zip Code 9817 Mahin Laredo; Texas 78045	Amount of contribution (\$) 1000.00
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 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 01/12/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo Deanda 6 Contributor address; City; State; Zip Code 212 Flores Ave. Laredo, Texas 78040	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus and Imelda Rodriguez Contributor address; City; State; Zip Code 211 Belaire Laredo, Texas 78041	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalo Prida Contributor address; City; State; Zip Code 8501 Killam Industrial Blvd., Laredo, Texas 78045	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam Development Contributor address; City; State; Zip Code P.O. Box 499 Laredo, Texas 78042	Amount of contribution (\$) 2000.00
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 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

01/12/2018

5 Full name of contributor

Julio Garcia

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address:

City; State; Zip Code

5829 Northgate Lane

Laredo, Texas 78041

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/13/2018

Full name of contributor

David Martinez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

6414 Mcpherson Rd.

Laredo, Texas 78041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/13/2018

Full name of contributor

David Cardwell

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

115 Delaware

Laredo, Texas 78041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/13/2018

Full name of contributor

Porras Engineering

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

P.O. Box 1670

Laredo, Texas 78041

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

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 01/18/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kazen, Meurer and Perez 6 Contributor address; City; State; Zip Code 211 Calle del Norte Suite 100 Laredo, Texas 78041	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.Caballero Contributor address; City; State; Zip Code 4605 Modern Ln. Laredo, Texas 78041	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South Webb County LTD Contributor address; City; State; Zip Code P.O.Box 3229 Laredo, Texas 78044	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Alberto Marina Contributor address; City; State; Zip Code 406 Enterprise Rd. Laredo, Texas 78045	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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
02/02/2018

5 Full name of contributor out-of-state PAC (ID#: _____)

L. Freeman

6 Contributor address; City; State; Zip Code

7817 Sonoma Court Laredo, Texas 78045

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/02/2018

Full name of contributor out-of-state PAC (ID#: _____)

Gaby Garcia

Contributor address; City; State; Zip Code

318 Windsor Rd. Laredo, Texas 78041

Amount of contribution (\$)
200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/02/2018

Full name of contributor out-of-state PAC (ID#: _____)

Cynthia Martinez

Contributor address; City; State; Zip Code

418 Northstar Dr. Laredo, Texas 78045

Amount of contribution (\$)
200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/02/2018

Full name of contributor out-of-state PAC (ID#: _____)

Sylvia Martinez

Contributor address; City; State; Zip Code

5914 San Bernardo Laredo, Texas 78041

Amount of contribution (\$)
200.00

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 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 02/02/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millenium Transportation 6 Contributor address; City; State; Zip Code 107 Calle del Norte Laredo, Texas 78041	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Simpson Contributor address; City; State; Zip Code 314 Linden Laredo, Texas 78041	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfonso Arguindegui Contributor address; City; State; Zip Code 315 Stratford Laredo, Texas 78041	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PALAFX Hospitality Contributor address; City; State; Zip Code 1000 Zaragoza Laredo, Texas 78040	Amount of contribution (\$) 1500.00
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 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 02/02/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis Espinoza Villarreal 6 Contributor address; City; State; Zip Code 9802 Aziz Laredo, Texas 78045	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porras Nance Engineering Contributor address; City; State; Zip Code 304 East Calton Rd. # B Laredo, Texas 78041	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernando and Adalia Montemayor Contributor address; City; State; Zip Code 208 Regal Drive Laredo, Texas 78041	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberto and Rebecca Sepulveda Contributor address; City; State; Zip Code 2121 Musser Laredo, Texas 78043	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 02/10/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Martinez 6 Contributor address; City; State; Zip Code 1020 Davis Laredo, Texas 78040	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eduardo Quiroga Contributor address; City; State; Zip Code 2407 Boros Ct. Laredo, Texas 78045	Amount of contribution (\$) 400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Martinez Contributor address; City; State; Zip Code P.O.Box 450583 Laredo, Texas 78045	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ermilo Richer Contributor address; City; State; Zip Code 834 Union Pacific Blvd Laredo, Texas 78045	Amount of contribution (\$) 500.00
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 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 02/15/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shashi and Priya Vaswani 6 Contributor address; City; State; Zip Code 101 Canterbury Laredo, Texas 78041	7 Amount of contribution (\$) 1500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laredo Encino Limited Contributor address; City; State; Zip Code P.O.Box 820 . Laredo, Texas 78042	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve and Linda Lamantia Contributor address; City; State; Zip Code 401 Crossroads Laredo, Texas 78045	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert International LLC Contributor address; City; State; Zip Code 6219 Gilbert Rd. Laredo, Texas 78041	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 03/24/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eduardo & Anna Garza 6 Contributor address; City; State; Zip Code 1522 Demaret Laredo, Texas 78045	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J M Dickerson Contributor address; City; State; Zip Code 2 Lindenwood Dr. Laredo, Texas 78045	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Rocha Taylor Contributor address; City; State; Zip Code 1817 Fremont Laredo, Texas 78043	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonia Alexandra Taylor Contributor address; City; State; Zip Code 1817 Fremont Laredo, Texas 78043	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 01/12/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Rangel Sr 6 Contributor address; City; State; Zip Code 8303 Country Dr. Laredo, Texas 78045	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nora Murillo Contributor address; City; State; Zip Code 4115 Declaration Dr. Laredo, Texas 78046	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramiro Ramirez Contributor address; City; State; Zip Code 411 East Del Mar Blvd. Laredo, Texas 78041	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teresa Ramirez Contributor address; City; State; Zip Code 411 East Del Mar Blvd. Laredo, Texas 78041	Amount of contribution (\$) 50.00
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

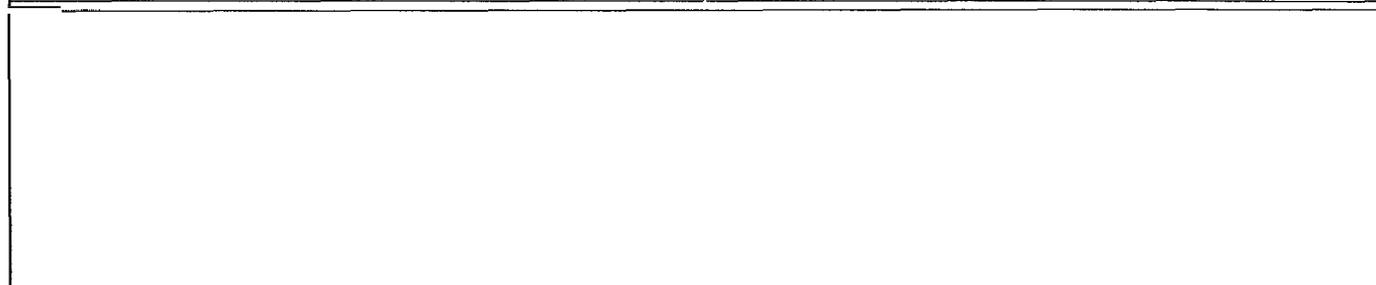
SCHEDULE A1

The 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 01/13/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cesar Cantu 6 Contributor address; City; State; Zip Code 410 Longshadow Laredo, Texas 78041	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Cantu Contributor address; City; State; Zip Code 410 Longshadow Laredo, Texas 78041	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Barreda Contributor address; City; State; Zip Code 105 North Ave. Laredo, Texas 78045	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanca Barreda Contributor address; City; State; Zip Code 105 North Ave. Laredo, Texas 78045	Amount of contribution (\$) 50.00
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 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 01/25/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Blomberg 6 Contributor address; City; State; Zip Code 408 Shilo Dr. Laredo, Texas 78045	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elia Guevara Contributor address; City; State; Zip Code 107 Calle del Norte Ste 114 Laredo, Texas 78041	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Marina Contributor address; City; State; Zip Code 107 Calle del Norte Ste 114 Laredo, Texas 78041	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalo Prida Contributor address; City; State; Zip Code 107 Calle del Norte Ste 114 Laredo, Texas 78041	Amount of contribution (\$) 100.00
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 01/25/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arturo Dominguez 6 Contributor address; City; State; Zip Code 107 Calle del Norte STE 114 Laredo, Texas 78041	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafael Duenas Contributor address; City; State; Zip Code 107 Calle del Norte STE 114 Laredo, Texas 78041	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniela Sada Paz Contributor address; City; State; Zip Code 107 Calle del Norte STE 114 Laredo, Texas 78041	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberto Rodriguez Jr Contributor address; City; State; Zip Code 128 Baffin Bay Laredo, Texas 78041	Amount of contribution (\$) 100.00
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 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
01/12/2018

5 Full name of contributor out-of-state PAC (ID#: _____)
Norma A. Rodriguez

6 Contributor address; City; State; Zip Code
113 Veracruz Dr. Laredo, Texas 78045

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/12/2018

Full name of contributor out-of-state PAC (ID#: _____)
Roberto Rodriguez Sr.

Contributor address; City; State; Zip Code
113 Veracruz Dr. Laredo, Texas 78045

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/18/2018

Full name of contributor out-of-state PAC (ID#: _____)
Hazel Martinez

Contributor address; City; State; Zip Code
13229 Clara Martin Rd. Manor, Texas 78653

Amount of contribution (\$)
50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/18/2018

Full name of contributor out-of-state PAC (ID#: _____)
Berenice Silva

Contributor address; City; State; Zip Code
3201 Windfall Rd. Laredo, Texas 78045

Amount of contribution (\$)
75.00

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 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
01/18/2018

5 Full name of contributor out-of-state PAC (ID#: _____)
Antonio Silva

6 Contributor address; City; State; Zip Code
3201 Windfall Rd. Laredo, Texas 78045

7 Amount of contribution (\$)
70.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/18/2018

Full name of contributor out-of-state PAC (ID#: _____)
Susana Rodriguez

Contributor address; City; State; Zip Code
128 Baffin Bay Laredo, Texas 78041

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/18/2018

Full name of contributor out-of-state PAC (ID#: _____)
Felipe Vielma Jr.

Contributor address; City; State; Zip Code
1007 San Dario Ave. Laredo, Texas 78040

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/18/2018

Full name of contributor out-of-state PAC (ID#: _____)
Alexis Silva

Contributor address; City; State; Zip Code
3201 Windfall Rd. Laredo, Texas 78045

Amount of contribution (\$)
75.00

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 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 01/18/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Cantu 6 Contributor address; City; State; Zip Code 410 Long Shadow Laredo, Texas 78041	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnoldo Valdez Contributor address; City; State; Zip Code 6524 Grande Bay Laredo, Texas 78041	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silvia Valdez Contributor address; City; State; Zip Code 6524 Grande Bay Laredo, Texas 78041	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Consuelo Valdez Contributor address; City; State; Zip Code 3501 Guerrero St. Laredo, Texas 78040	Amount of contribution (\$) 100.00
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

01/18/2018

5 Full name of contributor

Arnulfo Valdez

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

3501 Guerrero St.

City; State; Zip Code

Laredo, Texas 78040

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/18/2018

Full name of contributor

Erika Cortez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

3501 Guerrero St.

City; State; Zip Code

Laredo, Texas 78040

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/18/2018

Full name of contributor

Zaid Valdez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

6524 Grande Bay

City; State; Zip Code

Laredo, Texas 78041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/02/2018

Full name of contributor

Gabriel Hernandez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

84 Grove Ave.

City; State; Zip Code

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 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 02/02/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Hernandez 6 Contributor address; City; State; Zip Code 84 Grove Ave. Laredo, Texas 78045	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claudia Benavides Contributor address; City; State; Zip Code 8502 Forest Loop Laredo, Texas 78045	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo Gomez Jr. Contributor address; City; State; Zip Code 414 Rienda Dr. Laredo, Texas 78045	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabriela Collins Contributor address; City; State; Zip Code 8504 Valley View Cir. Laredo, Texas 78045	Amount of contribution (\$) 100.00
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 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 02/02/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilford Collins 6 Contributor address; City; State; Zip Code 8504 Valley View Cir. Laredo, Texas 78045	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Martinez Contributor address; City; State; Zip Code 13229 Clara Martin Rd. Manor, Texas 78653	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Vielma Contributor address; City; State; Zip Code 1007 San Dario Ave. Laredo, Texas 78040	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priscilla Vielma Contributor address; City; State; Zip Code 1007 San Dario Ave. Laredo, Texas 78040	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. **1** Total pages Schedule B: 1

2 FILER NAME **3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

10 Principal occupation / Job title (See Instructions) **11** Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

(This section is crossed out with a large diagonal line)

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

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 UNITEMIZED LOANS		\$
5 Date of loan August 9, 2016	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma Nelly Vielma	9 Loan Amount(\$) 5,010.00
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N	8 Lender address: City; State; Zip Code 1007 San Dario Ave. Laredo, Texas 78040	10 Interest rate NA
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Vielma Law Firm, PLLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan December 9, 2016	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma Nelly Vielma	Loan Amount (\$) 3,000.00
Is lender a financial institution? Y <input checked="" type="checkbox"/> N	Lender address: City; State; Zip Code 1007 San Dario Laredo, Texas 78040	Interest rate NA
		Maturity date
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Vielma Law Firm, PLLC
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
4 Date 01/02/18	5 Payee name FACEBOOK	
6 Amount (\$) \$74.00	7 Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CALIFORNIA, 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 01/12/18	Payee name SPEC'S LIQUOR	
Amount (\$) \$1,005.17	Payee address; City; State; Zip Code 5506 SAN BERNARDO AVE, LAREDO, TX 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 01/17/2018	Payee name G&G PROMOTIONS LLC	
Amount (\$) \$2,880.00	Payee address; City; State; Zip Code 6402 NORTH BARTLETT AVE. #1 LAREDO, TEXAS 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 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		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)	
4 Date 01/18/18		5 Payee name QUIZNOS			
6 Amount (\$) \$909.30		7 Payee address; City; State; Zip Code 7305 SAN DARIO AVE STE 3 LAREDO, TX 78045			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/23/18		Payee name GODDADY			
Amount (\$) \$ 64.97		Payee address; City; State; Zip Code 14455 N. HAYDEN RD STE 226 SCOTTSDALE, ARIZONA 85260-6993			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 01/29/2018		Payee name RAPID PRINT			
Amount (\$) \$267.04		Payee address; City; State; Zip Code 820 SAN BERNARDO AVE, LAREDO, TX 78040			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
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4 Date 01/31/18	5 Payee name FACEBOOK
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6 Amount (\$) \$ 20.00	7 Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CALIFORNIA, 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/31/18	Payee name IBC BANK
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Amount (\$) \$ 25.20	Payee address; City; State; Zip Code 1002 MATAMOROS ST LAREDO, TEXAS 78040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING-BANKING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/15/2018	Payee name K & M SPORTS TROPHIES
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Amount (\$) \$757.75	Payee address; City; State; Zip Code 2918 SANTA URSULA AVE STE C, LAREDO, TX 78040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
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4 Date 02/20/18	5 Payee name EDUARDO'S BBQ STEAKS & MEXICAN GRILL
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6 Amount (\$) \$161.51	7 Payee address; City; State; Zip Code 2413 JACAMAN RD, LAREDO, TX 78041
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/23/18	Payee name GODDADY
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Amount (\$) \$ 10.64	Payee address; City; State; Zip Code 14455 N. HAYDEN RD STE 226 SCOTTSDALE, ARIZONA 85260-6993
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/23/2018	Payee name FACEBOOK
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Amount (\$) \$ 40.00	Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CALIFORNIA, 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	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 Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
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4 Date 02/27/18	5 Payee name VICTORIA FLORIST
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6 Amount (\$) \$119.08	7 Payee address; City; State; Zip Code 800 E MANN RD #104, LAREDO, TX 78041
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GIFT/AWARDS/MEMORIALS EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/28/18	Payee name IBC BANK
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Amount (\$) \$ 21.04	Payee address; City; State; Zip Code 1002 MATAMOROS ST LAREDO, TEXAS 78040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING-BANKING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/01/2018	Payee name FACEBOOK
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Amount (\$) \$ 28.00	Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CALIFORNIA, 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
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4 Date 03/23/18	5 Payee name GODDADY
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6 Amount (\$) \$ 10.64	7 Payee address; City; State; Zip Code 14455 N. HAYDEN RD STE 226 SCOTTSDALE, ARIZONA 85260-6993
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/31/18	Payee name IBC BANK
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Amount (\$) \$ 14.70	Payee address; City; State; Zip Code 1002 MATAMOROS ST LAREDO, TEXAS 78040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING-BANKING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/02/2018	Payee name FACEBOOK
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Amount (\$) \$ 50.00	Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CALIFORNIA, 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
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4 Date 04/23/18	5 Payee name GODDADY
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6 Amount (\$) \$ 64.97	7 Payee address; City; State; Zip Code 14455 N. HAYDEN RD STE 226 SCOTTSDALE, ARIZONA 85260-6993
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/30/18	Payee name FACEBOOK
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Amount (\$) \$ 7.62	Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CALIFORNIA, 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/30/2018	Payee name IBC BANK
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Amount (\$) \$ 14.10	Payee address; City; State; Zip Code 1002 MATAMOROS ST LAREDO, TEXAS 78040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING-BANKING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma	3 Filer ID (Ethics Commission Filers)
4 Date 05/23/18	5 Payee name GODDADY	
6 Amount (\$) \$ 10.64	7 Payee address; City; State; Zip Code 14455 N. HAYDEN RD STE 226 SCOTTSDALE, ARIZONA 85260-6993	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 05/31/18	Payee name FACEBOOK	
Amount (\$) \$ 39.39	Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CALIFORNIA, 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 05/31/2018	Payee name IBC BANK	
Amount (\$) \$ 13.90	Payee address; City; State; Zip Code 1002 MATAMOROS ST LAREDO, TEXAS 78040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING-BANKING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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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 06/06/18	5 Payee name GODDADY	
6 Amount (\$) \$ 74.99	7 Payee address; City; State; Zip Code 14455 N. HAYDEN RD STE 226 SCOTTSDALE, ARIZONA 85260-6993	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 06/25/18	Payee name GODDADY	
Amount (\$) \$ 10.64	Payee address; City; State; Zip Code 14455 N. HAYDEN RD STE 226 SCOTTSDALE, ARIZONA 85260-6993	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 06/30/2018	Payee name IBC BANK	
Amount (\$) \$ 13.90	Payee address; City; State; Zip Code 1002 MATAMOROS ST LAREDO, TEXAS 78040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING-BANKING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3: 1

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

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME	3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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 Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <p style="text-align:center">1</p>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Business name			
Amount (\$)	Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	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.)

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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: 1

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	<input type="checkbox"/> 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; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> 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; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> 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; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer

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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: 1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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 / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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 transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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 transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		