CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Buide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mrs Norma NICKNAME LAST Vielma	Nelly Suffix	OFFICE USE ONLY Oate Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		orty; state: zip code l'aredo l'exas 78040	TIL 15 19 MS AS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 725-5500	EXTENSION	Date Hand delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Ivan	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Rodriguez		Dale Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / St 8305 Country Club Drive	uite #; city; state; Laredo Texas	ZIP CODE 78045
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 606-0990	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Altach C/OH - FR)
10 PERIOD COVERED	Month Day Year January / 1 / 2019	Month June THROUGH	Day Year 30 / 2019
11 ELECTION	Month Day Year Primary Nov 08 2016 X General	ELECTION TYPE Punoff Other Descript on Special	
2 OFFICE	OFFICE HELD (dany) City Council District 5	13 •FFICE SOUGHT (il knewn)	
	до то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Norma Ne	lly Vielma	1	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	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	18
	GENERAL	NA	
	SPECIFIC	COMMITTEE ADDRESS	
		NA	
	3	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		NA	
	1	COMMITTEE CAMPAIGN TREASURER ADDRESS	
		NA	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS.	\$ NA
	4. TOTAL	POLITICAL EXPENDITURES	\$ 630.63
CONTRIBUTION BALANCE	5. TOTAL F	\$ 22,417.57	
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			
parties and a state of			perjury, that the accompanying report is ormation required to be reported by me
SO A SO NOT	MIRIAM DE HARC lary Public, State of	under Title 15. Election Code.	
Egy 7 9 Cor	mm. Expires 01-30-2	2021	11/7/2/1
Zalikin n	Notery ID 13089570	Signature of Can	didn't or Officeholder
AFFIX NOTARY SYAM	AD / SEAL AROVE		Notes of The State
Sworn to and subsci	1	by the said NOIMA NELLY VIELMS to certify which, witness my hand and seal of office.	
Misiau	do Hora	MIRIAM DE HARD	alestary Albuic
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20	Filer ID (Ethics Commission Filers)			
	Norma Nelly Vielma				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00			
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 CONTRIB	\$ 630.63			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ NA			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	RIBUTIONS \$ NA			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ NA			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ NA			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSII	NESS OF C/OH \$ NA			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIE	BUTIONS \$ NA			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ NA				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See instructions) out-of-state PAC (ID# Full name of contributor Date mount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Our-of-state PAC (ID#: Date Full name of contributor Amount of contribution (\$) Zip Code Contributor address; City; State; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job time (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:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTION	NS \$
5 Date 6 Full name of contributor	8 Amount of 9 In-kind contribution Contribution \$ description
7 Contributor address; City State; Zip Code	
10 Principal Control (10 Principal Control (mployer (FOR NON-JUDICIAL)(See Instructions)
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	inployer (FOR NON-30010IAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) 13 Co	ontributor's job tire (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 La	aw 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 out-of-state PAC (ID#:) Amount of . In-kind contribution Contribution \$. description
Contributor address; City; State; Zip Code	check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	mployer (FØR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	ontributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	aw firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF THIS SC	HEDIII E AS NEEDED
If contributor is out-of-state PAC, please see instruction guide	

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date . 9 In-kind contribution 6 Full name of pledgor __ out-of-state PAC (ID#:_ Amount of Pledge \$ description 7 Pledgor address; City; State; Zip Code _ Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-of-state PAC (ID#: of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount & Full name of pledgor In-kind contribution 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 Full name of pledgor ut-of-state PAC (ID#:_ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME Norma Nelly V	Vielma		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$ 13,120.00
5 Date of loan July 19, 2016	7 Name of lender □ out-of-state F Norma Nelly Vielma	PAC (ID#:)	9 Loan Amount (\$) 100.00
6 Is lender a financial Institution?	8 Lender address; City; S 1007 San Dario Ave. Laredo, T	State; Zip Code Sexas 78040	10 Interest rate NA 11 Maturity date
12 Principal occupation Attorney	on / Job title (See Instructions)	13 Employer (See Instructions) Vielma Law Firm, PLLC]
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address; City; S	State; Zip Code	19 Amount Guaranteed (\$)
	Ony,	state, Zip Gode	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
July 21, 2016	Norma Nelly Vielma	,	5,010.00
Is lender	Lender address; City; S		Interest rate
a financial Institution?	1007 San Dario Laredo, Te		NA Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	
Attorney	,	Vielma Law Firm, PLLC	
Description of Colla	ateral	Check if personal funds were	deposited into political
none		account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code			
not applicable	on (See Instructions)	Employer (Ozala L. Wart	_
Filincipal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE AS NE	EDED

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

LOANS			SCHEDULE E
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME Norma Nelly \	⁷ ielma		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan August 9, 2016	7 Name of lender □ out-of-state Norma Nelly Vielma	te PAC (ID#:)	9 Loan Amount (\$) 5,010.00
6 Is lender a financial Institution?	8 Lender address; City; 1007 San Dario Ave. Laredo,	State; Zip Code Texas 78040	10 Interest rate NA 11 Maturity date
12 Principal occupation Attorney	on / Job title (See Instructions)	13 Employer (See Instructions) Vielma Law Firm, PL	
14 Description of Colla	ateral	15 Check if personal funds we account (See Instructions)	re deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	te PAC (ID#:)	Loan Amount (\$)
December 9, 2016	Norma Nelly Vielma		3,000.00
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y M	1007 San Dario Laredo, 7	Texas 78040	Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
Attorney		Vielma Law Firm, PLLO	S
Description of Colla	ateral	Check if personal funds wer account (See Instructions)	e deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS I	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Salaries/Wages/Contract Labor 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 SAM'S CLUB 01/07/19 6 Amount (\$) 7 Payee address; City; State; Zip Code \$ 52.01 4810 SAN BERNARDO LAREDO, TEXAS 78041 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE FOOD** Check if Austin, TX, officeholder living expense OF EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH Payee name Date 01/23/19 GODDADY Amount (\$) Payee address; City; State; Zip Code 14455 N. HAYDEN RD STE 226 SCOTTSDALE, ARIZONA 85260-6993 \$ 64.97 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ADVERTISING EXPENSE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 01/31/2019 **IBC BANK** Amount (\$) Payee address; City; State; Zip Code \$ 13.90 1002 MATAMOROS ST LAREDO, TEXAS 78040 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. ACCOUNTING-BANKING OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Sal The Instruction Guide explains ho	aries/Wages/Contract Labor w to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 02/25/19	5 Payee name GODDADY		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$ 10.64	14455 N. HAYDEN RD STE 226	SCOTTSDALE, AF	RIZONA 85260-6993
8	(a) Category (See Categories listed at the top of this schedul	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/28/19	FACEBOOK		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 53.73	1 HACKER WAY,MENLO PARK,	CALIFORNIA, 940)25
	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
02/28/2019	IBC BANK		
Amount (\$)	Payee address; City; State; Zip Co		
\$ 13.90	1002 MATAMOROS ST LAREDO), TEXAS 78040	
	Category (See Categories listed at the top of this schedu	Description	
PURPOSE OF EXPENDITURE	ACCOUNTING-BANKING		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEI	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/Donations Made 8 Candidate/Officeholder/Politica			avel Out Of District her (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	_	(one could go, not loted above,
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma	3	Filer ID (Ethics Commission Filers)
4 Date 03/25/19	5 Payee name GODDADY	·	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 10.64	14455 N. HAYDEN RD STE 226 SC	OTTSDALE, ARIZO	ONA 85260-6993
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	ADVERTISING EXPENSE		of Texas. Complete Schedule T.
OF EXPENDITURE		Greck if Austin, 1A,	officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/31/19	IBC BANK		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 13.70	1002 MATAMOROS ST LAREDO, T	EXAS 78040	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ACCOUNTING-BANKING		of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/01/2019	FACEBOOK		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 26.27	1 HACKER WAY, MENLO PARK, CA	LIFORNIA, 94025	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE		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 NEFDE	D

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Norma Nelly Vielma 4 Date 5 Payee name 04/15/19 STRIPES 6 Amount (\$) 7 Payee address; City; State; Zip Code 8.64 765 I-35 COTULLA, TEXAS 78014 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** GIFT/AWARDS/MEMORIALS OF Check if Austin, TX, officeholder living expense **EXPENSE EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/23/19 GODDADY Amount (\$) Payee address; City; State; Zip Code 14455 N. HAYDEN RD STE 226 SCOTTSDALE, ARIZONA 85260-6993 \$ 64.97 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ADVERTISING EXPENSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/30/2019 **FACEBOOK** Amount (\$) Payee address; City; State; Zip Code \$ 41.00 1 HACKER WAY, MENLO PARK, CALIFORNIA, 94025 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 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
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	al Committee Legal Services Salaries M	/ages/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 04/30/19	5 Payee name IBC BANK		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 14.30	1002 MATAMOROS ST LAREDO, TI	EXAS 78040	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	ACCOUNTING-BANKING		utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/03/19	BASKETT & POTTERY ALLEY		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 95.52 3519 SAN BERNARDO AVE. LAREDO, TX 78041			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	GIFT/AWARDS/MEMORIALS	Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	EXPENSE	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/23/2019	GODDADY		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 10.64	\$ 10.64 14455 N. HAYDEN RD STE 226 SCOTTSDALE, ARIZONA 85260-6993		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	ADVERTISING EXPENSE		utside of Texas. Complete Schedule T.
EXPENDITURE	ASTERNOON ENGLANCE	Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/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 B Candidate/Officeholder/Politica Credit Card Payment		lages/Contract Labor Other (enter a category not listed above	
1 Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Fil	
4 Date 05/31/19	5 Payee name IBC BANK	·	
6 Amount (\$) \$ 13.90	7 Payee address; City; State; Zip Code 1002 MATAMOROS ST LAREDO, TE	EXAS 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING-BANKING	(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/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
06/03/19	FACEBOOK		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 17.17	1 HACKER WAY,MENLO PARK, CAI	LIFORNIA, 94025	
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 ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
06/06/2019	GODDADY		
Amount (\$)	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
\$ 79.99	14455 N. HAYDEN RD STE 226 SCC	OTTSDALE, ARIZONA 85260-6993	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica			el Out Of District r (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	_	, ,
1 Total pages Schedule F1:	2 FILER NAME Norma Nelly Vielma	3 F	ler ID (Ethics Commission Filers)
4 Date 06/24/19	5 Payee name GODDADY		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 10.64	14455 N. HAYDEN RD STE 226 SC	OTTSDALE, ARIZO	NA 85260-6993
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	ADVERTISING EXPENSE		Texas. Complete Schedule T.
OF EXPENDITURE		Check If Austin, TX, o	fficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/30/19	IBC BANK		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 14.10	1002 MATAMOROS ST LAREDO,	TEXAS 78040	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ACCOUNTING-BANKING		exas. Complete Schedule T. ficeholder 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		
	Category (See Categories listed at the top of this settedule)	Description	
PURPOSE		Check if travel outside of	Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, of	fliceholder living expense
Complete ONLY it affect expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THE	S S CHEDULE AS NEEDED	

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 6 Payee name 5 Date **7** Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Non-Political Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOS**E Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name රිffice sought Office held Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Politicad **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Sche **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to beneat C/OH

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Ci	ty; State; Zip Gode
	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; Ci	y; 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)** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Event Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name City; State; Zip Code 7 Amount (\$) 8 Payee address; TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if traveloutside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE TX, officeholder living expense 11 Complete ONLY if direct Office sought Candidate / Officeholder name Office held expenditure to benefit C/QH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule 7. PURPOSE 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EVERNITURE OATECORIES TOR BOYOU								
EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/Reimburseme Office Overhead/Rental Expen					
Consulting Expense	Food/Bev	erage Expense	Polling Expense	Travel In District				
Contributions/Donations Made B Candidate/Officeholder/Politica		ds/Memorials Expense vices	Printing Expense Salaries/Wages/ContractLabo	Travel Out Of District Other (enter a category not listed above)				
Credit Card Payment	3		s how to complete this form	, , , ,				
,	ine in:	A delicit duide explain						
1 Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
1								
	5 Payee name							
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6 Amount (\$)	7 Payee address;	City; State; Zip	Code					
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Reimbursementfron political contributions								
intended								
	(a) Category (See Catego	ries listed at the top of this sch	edule) (b) Description					
PURPOSE \	\		Checkiftrave	ol outside of Texas. Complete Schedule T.				
EXPENDITURE	\		Check if Au	stin, TX, officeholder living expense				
O Complete ONE V V III	0		045					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/QI	Candidate / Office	cenolder Iname	Office sought	Office held				
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Date	Payee name	1		\wedge				
	1	1						
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Amount (\$)	Payee address;	City; State; Zip	Code	/ \				
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Reimbursement from		,	/	\				
political contributions intended			1	\				
	Category (See Catego	ries listed at the top of this sch	edule) (b) Description					
PURPOSE				el outside of Texas. Complete Schedule T.				
OF EXPENDITURE				stin, TX, officeholder\living expense				
EAI ENDITORE			Cneck if Au	ain, 17, unicended firming expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held								
expenditure to benefit C/OH								
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Date	Payee name							
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Amount (\$)	Payee address;	City; State; Zip	Code					
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Reimbursementfrom	/		1	\sim				
political contributions								
intended								
PURPOSE	Category (See Catego	ries listed at the top of this sch	edule) (b) Description					
OF /	Check if travel outside of Texas. Complete Schedule T.							
EXPENDITURE			Check if Au	stin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Offi	acholder name	Office courses	Office hold				
expenditure to benefit C/O	Candidate / Office	senoluer name	Office sought	Office held				
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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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Accounting/Banking Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date Business name 6 Amount (\$) Business address; City; State; Zip Code a) Calegory (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candida e / Officeholder name Office sought Office held expenditure to benefit C/OF Date Business name City; State; Zip Code Business address Amount (\$) Category (See Categories listed at the to of this schedule) Descrip/ion **PURPOSE** Check if travel outside of Tex . Complete Schedule T. OF Creck if Austin, TX, officeh Ider living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PUMPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense F*PENDITURE 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 I

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
1 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 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 SCHEDULE AS NEEDED						

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

SCHEDULE K

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

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule D Schedule A2 Schedule B Schedule C2 Schedule F1 Schedule B(J) Schedule F2 Schedule H Schedule F4 Schedule G Schedule COH-UC Schedule B-SS 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule D Schedule A2 Schedule B Schedule B(J) Schedule F1 Schedule C2 Schedule F2 Schedule G Schedule F4 Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of 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: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling 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