

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

GENERAL

NA

SPECIFIC

COMMITTEE ADDRESS

NA

COMMITTEE CAMPAIGN TREASURER NAME

NA

COMMITTEE CAMPAIGN TREASURER ADDRESS

NA

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 30,300.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 12,497.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 8,279.29

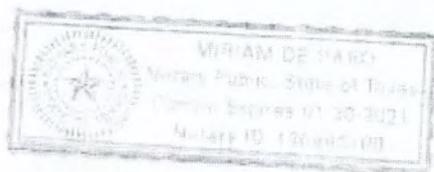
OUTSTANDING
LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Norma Nelly Vielma
Signature of Candidate/ or Officeholder

Sworn to and subscribed before me, by the said Norma Nelly Vielma this the 5 day of October, 2020, to certify which, witness my hand and seal of office.

Miriam de Haro

Signature of officer administering oath

MIRIAM DE HARO

Printed name of officer administering oath

NOTARY

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	\$ 30,300.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ — N/A
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ — N/A
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 13,120.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,497.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ N/A
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ N/A
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ N/A
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ N/A
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 116.98

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Juan Jose Cruz	7 Amount of contribution (\$) \$750.00
6 Contributor address: City: State: Zip Code 1506 Nelson Court Laredo Tx 78045		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harry E. Sames, III	Amount of contribution (\$) \$500.00
Contributor address: City: State: Zip Code P.O.Box 879 Laredo Tx 78042		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flores Flores and Canales PLLC	Amount of contribution (\$) \$1,000.00
Contributor address: City: State: Zip Code 5517 McPherson Rd., Ste 14 Laredo Tx 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Gutierrez	Amount of contribution (\$) \$ 5,000.00
Contributor address: City: State: Zip Code 311 Huntington Place San Antonio Tx 78231		
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: 7

2 FILER NAME

Norma Nelly Vielma

3 Filer ID (Ethics Commission Filers)

4 Date

08/07/2020

5 Full name of contributor

out-of-state PAC (ID# _____)

The Law Office of Yohana Saucedo, P.C.

6 Contributor address, City, State, Zip Code

1524 S Interstate 35 Ste. 315 Austin Tx 78704

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/17/2020

Full name of contributor

out-of-state PAC (ID# _____)

Edward Garza

Contributor address, City, State, Zip Code

1522 Demaret Ct Laredo Tx 78045

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/2020

Full name of contributor

out-of-state PAC (ID# _____)

Freightsol

Contributor address, City, State, Zip Code

12115 Doc Adams Laredo Texas 78045

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/2020

Full name of contributor

out-of-state PAC (ID# _____)

Kilam Development, LTD

Contributor address, City, State, Zip Code

P.O. Box 499 Laredo Tx 78042

Amount of contribution (\$)

\$ 5,000.00

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: 7

2 FILER NAME

Norma Nelly Vielma

3 Filer ID (Ethics Commission Filers)

4 Date

08/17/2020

5 Full name of contributor

Roberto Trevino

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 5,000.00

6 Contributor address:

1422 Wingfoot Lp

City:

Laredo

State:

Tx

Zip Code

78045

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/18/2020

Full name of contributor

Parker J. Neel

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 1,000.00

Contributor address:

313 Lake Louise

City:

Laredo

State:

Tx

Zip Code

78045

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/18/2020

Full name of contributor

Richard M. Leyendecker

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 500.00

Contributor address

110 Delaware

City:

Laredo

State:

Tx

Zip Code

78041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/18/2020

Full name of contributor

D.L. Cardwell

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.00

Contributor address:

115 Delaware St.

City:

Laredo

State:

Tx

Zip Code

78041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 08/19/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Almaraz 6 Contributor address, City, State, Zip Code P.O. Box 6875 Laredo Tx 78042	7 Amount of contribution (\$) \$ 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Juan E. Garza Contributor address, City, State, Zip Code 506 Merlin Rd Laredo Tx 78041	Amount of contribution (\$) \$ 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberto J Sepulveda Contributor address, City, State, Zip Code 2121 Musser St Laredo Tx 78043	Amount of contribution (\$) \$ 400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office of Sergio Lozano Contributor address, City, State, Zip Code 1010 Juarez Ave Laredo Tx 78040	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: 7
2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 08/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberto P. Martinez	7 Amount of contribution (\$) \$ 200.00
6 Contributor address: City, State, Zip Code P.O. Box 450583 Laredo Tx 78045		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Porras Nance Eng.	Amount of contribution (\$) \$ 200.00
Contributor address: City, State, Zip Code 304 E. Calton Rd Laredo Tx 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dans S. Leyendecker	Amount of contribution (\$) \$ 500.00
Contributor address: City, State, Zip Code 15222 Cane Harbor Blvd Laredo Tx 78418		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) South Webb County LTD	Amount of contribution (\$) \$ 500.00
Contributor address: City, State, Zip Code P.O. Box 3229 Laerdo Texas 78044		
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: 7

2 FILER NAME

Norma Nelly Vielma

3 Filer ID (Ethics Commission Filers)

4 Date

08/17/2020

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

Saenz & Chapa PLLC

6 Contributor address, City, State, Zip Code

1302 Washington St Laredo Tx 78040

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/27/2020

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

Victor Luis Villafranca

Contributor address, City, State, Zip Code

1719 Washington St Laredo Tx 78040

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2020

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

Palafax Hospitality LTD

Contributor address, City, State, Zip Code

1000 Zaragoza St. Laredo Texas 78040

Amount of contribution (\$)

\$ 1,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/21/2020

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

Trepac Texas Assoc. of Realtors

Contributor address, City, State, Zip Code

PO Box 2246 Austin Tx 78768

Amount of contribution (\$)

\$ 1,500.00

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: 7
2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 09/18/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Electronic World Connection 6 Contributor address: City: State: Zip Code 704 Market St Laredo Tx 78040	7 Amount of contribution (\$) \$ 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alfonso Luis Arguindegui Contributor address: City: State: Zip Code 315 Starford Ln Laredo Tx 78041	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evelyn Sames Contributor address: City: State: Zip Code 307 Windsor Rd Laredo Tx 78041	Amount of contribution (\$) \$ 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorena Villareal Contributor address: City: State: Zip Code 106 Candlewood Rd Laredo Tx 78041	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>		

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 CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of Contribution \$	9 In-kind contribution description
7 Contributor address: City: State: Zip Code		<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# _____)	Amount of Contribution \$	In-kind contribution description
Contributor address: City: State: Zip Code		<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	
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)	
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)	

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 07/19/2016	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 (N)	8 Lender address, City, State, Zip Code 1007 San Dario Ave Laredo Tx 78040	10 Interest rate N/A
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Vielma Law Firm, PLLC
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address, City, State, Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 07/21/2016	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 (N)	Lender address, City, State, Zip Code 1007 San Dario Ave Laredo Tx 78040	Interest rate N/A
		Maturity date
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Vielma Law Firm, PLLC
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address, City, State, Zip Code	Amount Guaranteed (\$)
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
2 FILER NAME Norma Nelly Vielma		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 13,120.00
5 Date of loan 08/09/2016	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="radio"/> N	8 Lender address City: State: Zip Code 1007 San Dario Ave Laredo Tx 78040	10 Interest rate N/A
		11 Maturity date
12 Principal occupation / Job title (See instructions) Attorney		13 Employer (See instructions) Vielma Law Firm, PLLC
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input 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 12/09/2016	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="radio"/> N	Lender address: City: State: Zip Code 1007 San Dario Ave Laredo Tx 78040	Interest rate N/A
		Maturity date
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Vielma Law Firm, PLLC
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
GUARANTOR INFORMATION <input 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

1 of 12

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/Memorabilia Expense
Legal Services

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

Spoken/Endorsing Expense
Transportation/Equipment & Related Expenses
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 12	2 FILER NAME Norma Nelly Vuelma	3 Filer ID (Ethics Commission Filers)
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4 Date 07/13/20	5 Payee name Paypal	6 Amount (\$) 0.44	7 Payee address City: State: Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description banking fees
	(c) <input type="checkbox"/> Check if base outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if base, TX. Officeholder using expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/31/20	Payee name Facebook	Amount (\$) 23.99	Payee address City: State: Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description Social media
	<input type="checkbox"/> Check if base outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if base, TX. Officeholder using expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/31/20	Payee name IBC	Amount (\$) 15.40	Payee address City: State: Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking fees	Description
	<input type="checkbox"/> Check if base outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if base, TX. Officeholder using expense

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

2 of 12

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-----------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Pundraising Expense |
| Accounting/Bookkeeping | 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 | GR/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Debit 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 Filer#)
----------------------------	------------------------------------	---------------------------------------

4 Date 08/13/20	5 Payee name Harbor Freight
--------------------	--------------------------------

6 Amount (\$) 22.68	7 Payee address: City: State: Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description hardware - ties
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	<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
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Date 8/3/20	Payee name Rapid Print
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Amount (\$) 59.54	Payee address: City: State: Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/13/20	Payee name Provalue Media
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Amount (\$) 1,235.67	Payee address: City: State: Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

3 of 12

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solatatory/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	3 Filer ID (Ethics Commission Filers)	
4 Date 08/04/20	5 Payee name Go Daddy		
6 Amount (\$) 22.16	7 Payee address:	City:	State: Zip Code:
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising -		(b) Description web page
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 08/06/20	Payee name Quarter Mile		
Amount (\$) 1,190.00	Payee address:	City:	State: Zip Code:
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Signs
	<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 8/7/20	Payee name Harbor Freight		
Amount (\$) 16.20	Payee address:	City:	State: Zip Code:
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description hardware
	<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

4 of 12

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Credit Card Payment | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <i>Norma Nelly Crehan</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>08/07/20</i>	5 Payee name <i>Lowe's</i>
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6 Amount (\$) <i>53.49</i>	7 Payee address, City, State, Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>hardware</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>08/07/20</i>	Payee name <i>Mendes Printing</i>
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Amount (\$) <i>77.49</i>	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	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
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Date <i>08/11/20</i>	Payee name <i>Quarter Mile</i>
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Amount (\$) <i>585.68</i>	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

5 of 12

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Bookkeeping	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	3 Filer ID (Ethics Commission Filers)
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4 Date 08/17/20	5 Payee name Quarter Mile
6 Amount (\$) 757.24	7 Payee address, City, State, Zip Code

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/17/20	Payee name HEB
Amount (\$) 133.66	Payee address, City, State, Zip Code

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	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
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Date 08/17/20	Payee name Postal Center Plus
Amount (\$) 142.05	Payee address, City, State, Zip Code

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation	Description postage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

6 of 12

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expenses
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 3 Filer ID (Ethics Commission Filers)

4 Date: 08/17/20 5 Payee name: Unique Screen Printers

6 Amount (\$): 717.16 7 Payee address, City, State, Zip Code

8 PURPOSE OF EXPENDITURE (a) Category: Event Expense (b) Description: T-shirt (c) Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officer/holder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officer/holder name Office sought Office held

Date: 08/19/20 Payee name: Provalue Media

Amount (\$): 53.04 Payee address, City, State, Zip Code

PURPOSE OF EXPENDITURE Category: Printing Description: (c) Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officer/holder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officer/holder name Office sought Office held

Date: 08/21/20 Payee name: Provalue Media

Amount (\$): 828.11 Payee address, City, State, Zip Code

PURPOSE OF EXPENDITURE Category: Printing Description: (c) Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officer/holder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officer/holder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

7 of 12

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 Melma		3 Filer ID (Ethics Commission Filers)	
4 Date 08/24/20		5 Payee name Valero St 4091R			
6 Amount (\$) 3.54		7 Payee address:		City:	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 8/24/20		Payee name Habibi S. Snack Shack			
Amount (\$) 11.26		Payee address:		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food		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 08/24/20		Payee name Laredo Morning Times			
Amount (\$) 650.00		Payee address:		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

8 of 12

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 <i>Norma Nelly Uelme</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>08/31/20</i>	5 Payee name <i>IBC</i>	
6 Amount (\$) <i>19.90</i>	7 Payee address: City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>fees</i>	(b) Description <i>Bank fees</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/1/2020</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>40.92</i>	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	Description <i>Soc-media</i>
	<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 <i>09/1/20</i>	Payee name <i>Lowe's</i>	
Amount (\$) <i>33.75</i>	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	Description <i>hardware</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

9 of 12

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/Rentals 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	3 Filer ID (Ethics Commission Filers)
4 Date 9/10/20	5 Payee name Sam's Club	
6 Amount (\$) 60.13	7 Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/10/20	Payee name Quarter Mile	
Amount (\$) 390.46	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	<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 09/14/20	Payee name magnets on the cheap	
Amount (\$) 188.37	Payee address, City, State, Zip Code	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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/Award/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Printing 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 Velma	3 Filer ID (Ethics Commission Filers)
4 Date 9/14/20	5 Payee name Design Print	
6 Amount (\$) 473.98	7 Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/15/20	Payee name Tacos Kissi	
Amount (\$) 102.28	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description
	(c) <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 09/17/20	Payee name Laredo Pack King Distributor	
Amount (\$) 39.97	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description
	(c) <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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1
11 of 12

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 <i>Norma Nelly Velaz</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>09/18/20</i>	5 Payee name <i>Joey's Novelty</i>	
6 Amount (\$) <i>42.20</i>	7 Payee address, City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Decorations</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>09/21/20</i>	Payee name <i>Harbor Freight</i>	
Amount (\$) <i>53.97</i>	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>hardware</i>
	<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 <i>09/21/20</i>	Payee name <i>Hungry Howies</i>	
Amount (\$) <i>69.79</i>	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>food</i>	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

12 of 12

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations/Media 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 Vpelma	3 Filer ID (Ethics Commission Filers)
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4 Date 09/21/20	5 Payee name Sams Club
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6 Amount (\$) 104.81	7 Payee address: City: State: Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/21/20	Payee name Pro-value media
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Amount (\$) 756.67	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	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
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Date 09/21/20	Payee name Mark Bloomberg
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Amount (\$) 3,571.00	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description T-shirts, caps, face masks, food, merchandise, tickets
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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

Collection/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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; 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 (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Purchasing 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 Candidate/Officer/holder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4	2 FILER NAME	3 Filer ID (EPRC Commission Filer)		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		5		
6 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 in the top of this schedule)		(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Subpart T <input type="checkbox"/> Check if Aug. 19, officer/holder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder 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 in the top of this schedule)		Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Subpart T <input type="checkbox"/> Check if Aug. 19, officer/holder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder 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/Officerholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Wards/Memorials Expense
Legal Services

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

Voluntary 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 G		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee 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 made outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officerholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officerholder name		Office sought	Office held
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address		City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if made outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officerholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officerholder name		Office sought	Office held
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address		City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if made outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officerholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officerholder 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/Bookkeeping
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Subscription/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:	2 FILER NAME	3 Filer ID (Ethics Commission Filer)
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
	(c) <input type="checkbox"/> Check if paid outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Audit TX officeholder living expense
9 Complete ONLY if direct expenditures 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 paid outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Audit TX officeholder living expense
Complete ONLY if direct expenditures 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 paid outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Audit TX officeholder living expense
Complete ONLY if direct expenditures to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address	City State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of admissible 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 admissible 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 admissible 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 admissible 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 admissible 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

Norma Nelly Vielma

3 Filer ID (Ethics Commission Filer)

4 Date

5 Name of person from whom amount is received

Design Print

8 Amount (\$)

116.98

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

Refund

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

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 FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filer)
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-S/S		
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-S/S		
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-S/S		
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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Atty. - Norma Nelly NICKNAME LAST SUFFIX Vielma	Date Received <div style="text-align: center; border: 1px solid black; padding: 5px; color: blue;"> REC'D CITY SEC OFF OCT 23 '20 AM 9:06 </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	Date Processed Date Imaged
5 ORIGINAL PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 2020 THROUGH 09 / 25 / 2020	

6 EXPLANATION OF CORRECTION
 The previous report was missing outstanding checks, credit card contributions and credits/returns.

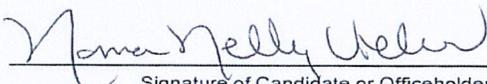
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

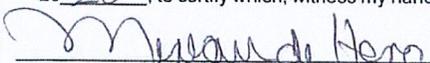
Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



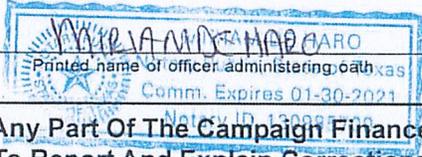
 Signature of Candidate or Officeholder

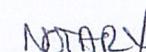
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said NORMA NELLY VIELMA, this the 16th day of October, 2020, to certify which, witness my hand and seal of office.



 Signature of officer administering oath





 Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

AMENDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR Attorney NICKNAME FIRST Norma LAST MI Nelly SUFFIX VIOLMA

OFFICE USE ONLY

Date Received

REC'D CITY SEC OFF OCT 23 '20 AM 9:07

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 1007 San Dario Ave APT / SUITE #: CITY: Laredo STATE: Tx ZIP CODE 78040

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE (956) PHONE NUMBER 725-5500 EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR Mr. NICKNAME FIRST Ivan LAST MI SUFFIX RODRIGUEZ

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): 8305 Country Club Drive APT / SUITE #: CITY: Laredo STATE: Tx ZIP CODE 78045

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE (956) PHONE NUMBER 606-0990 EXTENSION

9 REPORT TYPE

January 15, 30th day before election, Runoff, 15th day after campaign treasurer appointment, July 15, 8th day before election, Exceeded Modified Reporting Limit, Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year 07 / 01 / 2020 THROUGH Month Day Year 09 / 25 / 2020

11 ELECTION

ELECTION DATE: Month Day Year 11 / 03 / 2020 ELECTION TYPE: Primary, Runoff, Other Description, General, Special

12 OFFICE

OFFICE HELD (if any) City Council District 5

13 OFFICE SOUGHT (if known) City Council District 5

GO TO PAGE 2

Amended/Corrected

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,166.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 39,049.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,120.00

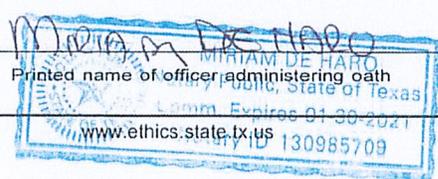
18 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 October, 2020, to certify which, witness my hand and seal of office.

Miriam De Haro
Signature of officer administering oath



NOTARY
Title of officer administering oath

Corrected/Amended

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Nelly Velma		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 30,700.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ N/A
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ N/A
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ 13,120.00
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 13,166.56
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ N/A
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ N/A
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ N/A
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ N/A
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ N/A
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ N/A
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 116.98

Corrected/Amended

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Nelly Vielma

3 Filer ID (Ethics Commission Filers)

4 Date

08/1/20

5 Full name of contributor

Ruben Soto

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

7 Amount of contribution (\$)

200.00

6 Contributor address:

City:

State:

Zip Code

7917 McPherson Rd Laredo TX 78045

8 Principal occupation / Job title (See Instructions)

CPA

9 Employer (See Instructions)

Self-employed

Date

7/31/20

Full name of contributor

Martha Wright

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

Amount of contribution (\$)

200.00

Contributor address:

City:

State:

Zip Code

7917 Mc Pherson Rd Laredo TX 78045
Suite 201

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Self-employed

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address:

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address:

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Corrected / Amended

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 *Nelly Helma* 3 Filer ID (Ethics Commission Filers) _____

4 Date *9/12/20* 5 Payee name *Webb Co. Elections*

6 Amount (\$) *70.00* 7 Payee address: *1110 Washington St - St 103 Laredo TX 78040* City: State: Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) *Polling Expense* (b) Description *Voters' lists*
 (c) 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 *9/18/2020* Payee name *Cynthia Vazquez*

Amount (\$) *600.00* Payee address: *Laredo TX 7804* City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Contract Labor* Description *Campaigning*
 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 *7/13/20* Payee name *Paypal*

Amount (\$) *0* Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Amend as a credit that zeroed out not. 11 as in prior* Description *F1/pg 1*
 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 *In correct*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED