

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 Mrs	FIRST Norma	MI G
NICKNAME		LAST Sepulveda	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 146 S Nueces Park Lane	APT / SUITE #; Harlingen	CITY; STATE; ZIP CODE TX 78552
Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 367-0683	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms	FIRST Priscilla	MI A
NICKNAME		LAST Gonzalez	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); 2079 Baja Circle		CITY; STATE; ZIP CODE Los Fresnos TX 78566
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 893-0925	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 4 / 30 / 22 THROUGH 7 / 15 / 22		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any) Mayor, City of Harlingen		13 OFFICE SOUGHT (if known)
14 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.		
Additional Pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

RECEIVED
City Secretary's Office
JUL 15 2022
City of Harlingen *au*

Date Hand-delivered or Date Postmarked
7-15-2022

Receipt # Amount \$

Date Processed
7-15-2022

Date Imaged
7-15-2022

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
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)	\$ 40,897.75
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,016.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 37,587.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,500.00

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Norma Sepulveda, and my date of birth is 9-01-1976
 My address is 144 S Nueces Park Lane, Harlingen, Tx, 78552 USA
(street) (city) (state) (zip code) (country)
 Executed in Cameron County, State of Texas, on the 15th day of July, 20 22.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 38,821.63
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,076.12
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,016.80
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 4,452.55

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Norma G Sepulveda	3 Filer ID (Ethics Commission Filers)
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4 Date 05/31/2022	5 Payee name 83 Winery
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6 Amount (\$) 1,501.31	7 Payee address: 9211 W Bus 83	City: Harlingen	State: TX	Zip Code 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description Campaign Fundraiser
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/31/2022	Payee name IBC Bank
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Amount (\$) 20.80	Payee address: 321 S 77 Sunshine Strip	City: Harlingen	State: TX	Zip Code 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bank Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/05/2022	Payee name KRGV-TV
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Amount (\$) 1,190.00	Payee address: 900 East Expressway	City: Weslaco	State: TX	Zip Code 78596
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Media
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Norma G Sepulveda	3 Filer ID (Ethics Commission Filers)
4 Date 06/02/2022	5 Payee name Paragon Solutions	
6 Amount (\$) 20.01	7 Payee address: 2141 E Broadway Rd Suite 202	City: Temple State: AZ Zip Code 85282
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Bank Fees
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/15/2022	Payee name Cricket Wireless	
Amount (\$) 55.00	Payee address: 216 N Ed Carey	City: Harlingen State: TX Zip Code 78550
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Cell Phone
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/30/2022	Payee name IBC Bank	
Amount (\$) 19.65	Payee address: 321 S 77 Sunshine Strip	City: Harlingen State: TX Zip Code 78550
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking/Accounting	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Norma G Sepulveda	3 Filer ID (Ethics Commission Filers)
4 Date 07/05/2022	5 Payee name Paragon Solutions	
6 Amount (\$) 36.23	7 Payee address: 2141 E Broadway Rd Suite 202	City: Temple State: AZ Zip Code: 85282
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Bank Fees
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <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

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

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME Norma G Sepulveda		3 Filer ID (Ethics Commission Filers)
4 Date 05/11/2022	5 Name of person from whom amount is received Bernardo Diaz	8 Amount (\$) 2,106.70
	6 Address of person from whom amount is received; City; State; Zip Code 2312 South Tourist Dr Edinburg TX 78539	
	7 Purpose for which amount is received Mailables never delivered	
Date 05/18/2022	Name of person from whom amount is received Bernardo Diaz	Amount (\$) 2,345.85
	Address of person from whom amount is received; City; State; Zip Code 2312 South Tourist Dr Edinburg TX 78539	
	Purpose for which amount is received	
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	
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	

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Norma G Sepulveda		3 Filer ID (Ethics Commission Filers)
4 Date 05/02/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Stephen Jewett 6 Contributor address; City; State; Zip Code 2917 Bay Hill CT Harlingen TX 78550	7 Amount of contribution (\$) 36.43
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/03/2022	Full name of contributor out-of-state PAC (ID#: _____) Pablo Martinez Jr Contributor address; City; State; Zip Code 2408 S 23rd St Harlingen TX 78550	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/03/2022	Full name of contributor out-of-state PAC (ID#: _____) Ricardo Morales Contributor address; City; State; Zip Code 405 Manhattan Dr Donna TX 78537	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/03/2022	Full name of contributor out-of-state PAC (ID#: _____) Ricardo Morales Contributor address; City; State; Zip Code 405 Manhattan Dr Donna TX 78537	Amount of contribution (\$) 1,000.00
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Norma G Sepulveda		3 Filer ID (Ethics Commission Filers)
4 Date 05/03/2022	5 Full name of contributor Veronica Flores out-of-state PAC (ID#: _____) 6 Contributor address; PO BOX 2561 City; McAllen TX 78502 State; Zip Code	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Norma G Sepulveda		3 Filer ID (Ethics Commission Filers)
4 Date 05/06/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Magdalen Levine 6 Contributor address; City; State; Zip Code 2006 Sahara Dr Weslaco TX 78596	7 Amount of contribution (\$) 2,800.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/03/2022	Full name of contributor out-of-state PAC (ID#: _____) Saam Zarrabi Contributor address; City; State; Zip Code 4700 Windsor Ridge Dr Ste Irving TX 75038	Amount of contribution (\$) 1,035.20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Anthony B James Contributor address; City; State; Zip Code PO BOX 534329 Harlingen TX 534329	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Fighting For South Texas Contributor address; City; State; Zip Code 121 N 10th St McAllen TX 78501	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Norma G Sepulveda		3 Filer ID (Ethics Commission Filers)
4 Date 06/10/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP 6 Contributor address; City; State; Zip Code PO BOX 17428 Austin TX 78760	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Merrilee Eliff Contributor address; City; State; Zip Code 27143 State HWY 345 San Benito TX 78586	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Steven Putegnat Contributor address; City; State; Zip Code 1622 Sam Houston Harlingen TX 78550	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) George Mcshan Contributor address; City; State; Zip Code 1401 Oak Court Harlingen TX 78550	Amount of contribution (\$) 250.00
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.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Norma G Sepulveda		3 Filer ID (Ethics Commission Filers)
4 Date 06/10/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Norma Linda Diaz 6 Contributor address; City; State; Zip Code 3505 Pebble Beach Drive Harlingen TX 78550	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Alex Dominguez Contributor address; City; State; Zip Code 40 Sunset Dr Brownsville TX 78520	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Marcus Cruz Contributor address; City; State; Zip Code 1925 White Tail Dr Harlingen TX 78550	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Hiram Gutierrez Contributor address; City; State; Zip Code 701 N Bentsen RD McAllen TX 78501	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Norma G Sepulveda		3 Filer ID (Ethics Commission Filers)
4 Date 06/10/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Andres Palma 6 Contributor address; City; State; Zip Code 1801 Battista St Edinburg TX 78542	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Carlos Marin Contributor address; City; State; Zip Code 1803 Palm Blvd Brownsville TX 78520	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Andrew Levine Contributor address; City; State; Zip Code 2006 Sahara Dr Weslaco TX 78596	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Arlene Garza Contributor address; City; State; Zip Code 23857 Rabb Rd LaFeria TX 78559	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME Norma G Sepulveda		3 Filer ID (Ethics Commission Filers)
4 Date 06/10/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Luis Villarreal 6 Contributor address; City; State; Zip Code PO Box 1 Harlingen TX 78551	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Guerra & Sabo Contributor address; City; State; Zip Code 10213 N 10th Street McAllen TX 78504	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Goero International Contributor address; City; State; Zip Code PO BOX 720428 McAllen TX 78504	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) GDJ Engineering Contributor address; City; State; Zip Code 2805 Fountain Plaza Blvd Edinburg TX 78539	Amount of contribution (\$) 1,000.00
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**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME Norma G Sepulveda		3 Filer ID (Ethics Commission Filers)
4 Date 06/10/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Jose Luis Ayala 6 Contributor address; City; State; Zip Code 117 South 77 Sunshine Strip Harlingen TX 78550	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Ana Canales Contributor address; City; State; Zip Code PO Box 3807 Edinburg TX 78540	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Rene Ramirez Contributor address; City; State; Zip Code 1508 S Loan Star Way Unit 1 Edinburg TX 78539	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Manuel Vela Contributor address; City; State; Zip Code 437 Jennifer Court Harlingen TX 78550	Amount of contribution (\$) 250.00
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**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME Norma G Sepulveda		3 Filer ID (Ethics Commission Filers)
4 Date 06/10/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Anabell Cantu Cardona 6 Contributor address; City; State; Zip Code 1521 Misty Ln Weslaco TX 78596	7 Amount of contribution (\$) 1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Enrique Flores Contributor address; City; State; Zip Code 1913 Chalk Rock CV Austin TX 78735	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Sergio Contreras Contributor address; City; State; Zip Code 2017 E 28th St Mission TX 78574	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Rigoberto Villarreal Contributor address; City; State; Zip Code 1405 Pamela Dr Mission TX 78572	Amount of contribution (\$) 750.00
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Norma G Sepulveda		3 Filer ID (Ethics Commission Filers)
4 Date 06/10/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Amanda Saldana 6 Contributor address; City; State; Zip Code 1303 E Jackson Ave Pharr TX 78577	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Tillman Welch Contributor address; City; State; Zip Code PO Box 2489 Edinburg TX 78540	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Norma G Sepulveda		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/01/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene A Ramirez 7 Contributor address; City; State; Zip Code 1508 S Loan Star Way Suite 1 Edinburg TX 78539	8 Amount of Contribution \$ 2,076.12	9 In-kind contribution description Fundraising Reception Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description 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.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Norma G Sepulveda	3 Filer ID (Ethics Commission Filers)
4 Date 04/30/2022	5 Payee name IBC Bank	
6 Amount (\$) 26.51	7 Payee address; 321 S 77 Sunshine Strip	City: Harlingen State: TX Zip Code: 78550
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Bankig	(b) Description Bank Fees
	(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 05/02/2022	Payee name ShipleY Do-nuts	
Amount (\$) 31.87	Payee address; 1522 S 77 Sunshine Strip	City: Harlingen State: TX Zip Code: 78550
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food for Volunteers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/02/2022	Payee name Facebook	
Amount (\$) 44.38	Payee address; Hacker Way	City: Menlo Park State: CA Zip Code: 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Ad
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Norma G Sepulveda	3 Filer ID (Ethics Commission Filers)
4 Date 05/02/2022	5 Payee name House of Mata Designs	
6 Amount (\$) 178.39	7 Payee address: 1918 West Adrian	City: Harlingen State: TX Zip Code: 78552
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Embroidery
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/02/2022	Payee name Paragon Solutions	
Amount (\$) 198.68	Payee address: 2141 E Broadway Rd Suite 202	City: Temple State: AZ Zip Code: 85282
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bank Fees
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/03/2022	Payee name CVS	
Amount (\$) 11.34	Payee address: 118 E Harrison	City: Harlingen State: TX Zip Code: 78550
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Water for Volunteers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Norma G Sepulveda	3 Filer ID (Ethics Commission Filers)
4 Date 05/04/2022	5 Payee name Kona Ice	
6 Amount (\$) 270.62	7 Payee address; City; State; Zip Code Harlingen TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Shaved Ice for get the vote out at the polls event
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/04/2022	Payee name Bernardo Diaz	
Amount (\$) 2,106.70	Payee address; City; State; Zip Code 2312 South Tourist Drive Edinburg TX 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/05/2022	Payee name Hustle Inc	
Amount (\$) 958.86	Payee address; City; State; Zip Code 548 Market Street PMB 19841 San Francisco CA 94104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Text Campaign
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Norma G Sepulveda	3 Filer ID (Ethics Commission Filers)
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4 Date 05/06/2022	5 Payee name Allegra Print
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6 Amount (\$) 97.38	7 Payee address; 1801 S 77 Sunshine Strip #B6	City; Harlingen	State; TX	Zip Code 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Push Cards
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/06/2022	Payee name Valley Morning Star
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Amount (\$) 830.00	Payee address; 1310 S Commerce St	City; Harlingen	State; TX	Zip Code 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Newspaper Ad
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/09/2022	Payee name Brand Boosters
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Amount (\$) 121.24	Payee address; 301 N McColl Rd Suite G	City; McAllen	State; TX	Zip Code 78501
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Norma G Sepulveda	3 Filer ID (Ethics Commission Filers)
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4 Date 05/09/2022	5 Payee name Tractor Supply
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6 Amount (\$) 162.33	7 Payee address: 901 Paso Real FM 509	City: San Benito	State: TX	Zip Code 78586
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Supplies to remove Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/09/2022	Payee name The Moon Rock
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Amount (\$) 551.02	Payee address: 1811 W Jefferson Ave	City: Harlingen	State: TX	Zip Code 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Watch Party
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/09/2022	Payee name Valley Morning Star
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Amount (\$) 2,095.00	Payee address: 1310 S Commerce	City: Harlingen	State: TX	Zip Code 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Newspaper Ad
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Norma G Sepulveda	3 Filer ID (Ethics Commission Filers)
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4 Date 05/10/2022	5 Payee name Hustle Inc
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6 Amount (\$) 701.19	7 Payee address: 548 Market Street PMB 19841	City: San Francisco	State: CA	Zip Code 94104
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Text Campaign
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/16/2022	Payee name Cricket Wireless
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Amount (\$) 55.00	Payee address: 216 N Ed Carey Dr Ste 6	City: Harlingen	State: TX	Zip Code 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Cellphone
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/19/2022	Payee name Party Campestre Catering
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Amount (\$) 285.00	Payee address: 3206 E Richardson Rd	City: Edinburg	State: TX	Zip Code 78542
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Volunteer Thank you Party Food Deposit
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1:	2 FILER NAME Norma G Sepulveda	3 Filer ID (Ethics Commission Filers)
4 Date 05/23/2022	5 Payee name HEB	
6 Amount (\$) 46.67	7 Payee address: 613 S Expressway 83	City: Harlingen State: TX Zip Code: 78550
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Supplies for Volunteer Thank you Party
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/23/2022	Payee name Party Campestre Catering	
Amount (\$) 385.00	Payee address: 3206 E Richardson Rd	City: Edinburg State: TX Zip Code: 78542
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Volunteer Thank you Party Food
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/31/2022	Payee name Facebook	
Amount (\$) 16.62	Payee address: 1 Hackerway	City: Menlo Park State: CA Zip Code: 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Ad
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED