



Official Public Records of Harris County Stan Stanart County Clerk

Campaign Finance Report



Stan Stanart

COUNTY CLERK HARRIS COUNTY, TEXAS

FileNo:

2018250

Received By Clerk:

2/6/2018

File Date:

February 06, 2018

Office:

County School Trustee, Position 6, Precinct 1

Candidate:

Norris, Danyahel

Treasurer:

Mengisteab, Solomon

Category:

Contributions And Expenditures

Delivered By:

Personal Appearance

Type:

COR

Harris County No Fee

CANDID	ATE /	OFFICE	HOLDER
CAMPAI	GN FI	NANCE	REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Danyahel NICKNAME LAST	MI SUFFIX	OFFIGE USE ONLY
	Dany Norris		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS POBOX; APT/SUITE *: TSU BOX 1408 3100 Cle bunne		
Change of Address	Houston, TX		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 203-01	79 EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. Solomor	Leadings	Date Processed
	NICKNAME LAST Mengist	eab	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	3005 Catalpa R	ock ct	ZIP CODE
(Residence or Business)	Pearland TX	77584	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 496-940	EXTENSION	
9 REPORT TYPE	January 15 30th day before	e election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Bth day before	election Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year VO 1 / 2018	THROUGH 2/	Day Year 2018
11 ELECTION	Month Day Year Month Day Gener	Description	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (II KNOW Harris County Position 6	Dept of Education , Precint 1
	GO T	O PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Danyahe \ Noris				
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		
	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OF LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 690.00	
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS I THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8468.00	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 779.64	
	4. TOTAL	POLITICAL EXPENDITURES	\$4198.67	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$4680.51	
OUTSTANDING LOAN TOTALS	***	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ \$	
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. D # 12/457662 COMM, EXP 02-27-2018 CO				
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subso	///// "~~	by the said Danyahel Morro	this the	
day of Februar	y, 20 18	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	

SUBTOTALS - C/OH FORM C/OH COVER SHEET PG 3

19 F	ILER NAME	20 Filer ID (Ethics Co	mmission Filers)
	Danyohel Nomis	<u> </u>	
	CHEDULE SUBTOTALS AME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8468.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		S
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$1278.38
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 2920,29
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 FUI	IDS	\$1278.38
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$
1			

MONETARY POLITICAL CONTRIBU	TIONS SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Tasha Malanis - Wisan 6 Contributor address; City; State; Zip	1,50.00
8 Principal occupation / Job title (See Instructions) 9 En	apployer (See Instructions) cqueline Smith & Associates PC
Date Full name of contributor BANG Green Contributor address; City; State; Zip	\$ 1 - 2 - 2 - 2 - 2
Principal occupation / Job title (See Instructions) Er	mployer (See Instructions) Re+We)
Date Full name of contributor Stephanic Nortis Contributor address; City; State; Zip	Amount of contribution (\$) Code 1,000
· · · · · · · · · · · · · · · · · · ·	Pitney Rows
Date Full name of contributor Jana Mims Contributor address; City; State; Zip	Amount of contribution (\$)
	mployer (See Instructions) Deloi He Tax LLP
ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see instruction	

	MONETARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
4	Tahanhan Frank	: (ID#:)	7 Amount of contribution (\$)
8	Principal occupation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
	Attorney		
	Date Full name of contributor out-of-state PAG		
	Durrell Holt	e; Zip Code	(0)
	Principal occupation / Job title (See Instructions)	Employer (See Instruc	
	Date Full name of contributor Constance Contributor address; City: State	s; Zip Code	Amount of contribution (\$)
Γ	Principal occupation / Job title (See Instructions)	Employer (See Instru	· ·
	Law Intessor	iexas Sout	hem University
	BJ Kemp	c (ID#:) e; Zip Code	Amount of contribution (\$)
	Principal occupation / Job title (See Instructions)	Employer (See Instru	ctions)
	Student	Student	
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see ins		

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
5 Full name of contributor out-pl-state PAC (IDE:) \[\overline{\text{Jane+} William S} \] 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$\\00.00		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ons)		
Devin Fletcher Contributor address; City; State; Zip Code	Amount of contribution (\$) \$\SU. U0		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons) \;c Schools		
Date Full name of contributor Sam Daffin Contributor address; City; State: Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Barrett Daffin	Frappier Tune tEngel		
Date Full name of contributor	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Real Estate Consultant Generation H	ousing Development		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) Arch. Hech/Datter RT Oratt	tions) ling Services
Date Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Homewater Date Full name of contributor Gerald Womack Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Womack	nions) Developments
Patrick Joewa Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributorout-of-state PAC (ID#:			
De Sirec Adaway 6 Contributor address: City; State; Zip Code	3100.00		
	e Instructions)		
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
Sondra Tennes see Contributor address; City; State; Zip Code	\$100.00		
Principal occupation / Job title (See Instructions) Employer (See	pe Instructions)		
Associate Dean Universi	ity of Houston		
Date Full name of contributor Dout-of-state PAC ID#: City; State; Zip Code	Amount of contribution (\$)		
	ee Instructions) H Grad		
Date Full name of contributor De car JUL Spearman Contributor address; City; State; Zip Code	Amount of contribution (\$)		
	ee Instructions)		
Law Library Director Texas	Southern University		
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 CONTR	IBUTIONS	SCHEDULE A1	
	The Instruction Guide explains how to complete this	s form.	Total pages Schedule A1:	
2	FILER NAME	3	3 Filer ID (Ethics Commission Filers)	
4	Date 5 Full name of contributorout-of-state PA		7 Amount of contribution (\$)	
	James Pope 6 Contributor address; City: State	e; Zip Code	\$ 200.00	
8	Principal occupation / Job title (See Instructions) Attorney	9 Employer (See Instruction Pope Law		
	Date Full name of contributor □ out-of-state PA		Amount of contribution (\$)	
	Chibuike Nwaskele m Contributor address; City; State	e; Zip Code	\$ 100.00	
	Principal occupation / Job title (See Instructions) Attorney	Employer (See Instruction	North-west Texas	
,	Date Full name of contributor out-of-state_PA	C (ID#)	Amount of contribution (\$)	
3	Contributor address; City; Stat	e; Zip Code	975.00	
	Principal occupation / Job title (See Instructions)	Employer (See Instruction Law DALICE of V	y Nguyon and Associates	
	Date Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)	
	Kevin Murray Contributor address; City; Sta	te; Zip Code	9,200.00	
	Principal occupation / Job title (See Instructions)	Employer (See Instruction	\	
-	MATOCARY	Kevin A. M	U17ay , 200	
-		OF THIS COUEDING A CASE	TOED.	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-ot-state PAC, please see instruction guide for additional reporting requirements.			

MONETARY POLITIC	SCHEDULE A1		
The Instruction Guide explains	how to complete this form.	1 Total pages Schodule A1:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
Keira Mit	City; State; Zlp Code	9 100.00	
8 Principal occupation / Job title (See Instruct	lons) 9 Employer (See Instruc	tions)	
Attorney	Mitchell La	w Group PLLC	
Date Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)	
Cynthia Contributor address;	Clty; State; Zip Code	9150.00	
Principal occupation / Job title (See Instruct		ughes Inc	
Date Full name of contributor	Out-of-state PAC (ID#.	Amount of contribution (\$)	
Modinat Contributor address;	City; State; Zip Code	\$100.00	
Principal occupation / Job title (See Instructi			
Musiate	Tayles an	3 Boones LLP	
Date Full name of contributor		Amount of contribution (\$)	
Bethew -	Jennings	\$100.00	
Contributor address;	City; State; Zip Code	\$100.00	
Principal occupation / Job title (See Instruct			
Chief IP Conner	Rechtel C	orporation	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

MONET	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
	Eric Griffin 6 Contributor address; City: State	e; Zlp Code	9100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	Engilier	British F	· · · · · · · · · · · · · · · · · · ·
Date		.C (ID#:)	
	Billy Green 31 City; State	te; Zip Code	\$100.00
<u> </u>			
Principal occur	Dation / Job title (See Instructions)	Employer (See Instruc	
Date	Full name of contributor	AC (ID#:	
Principal occu	 pation / Job title (See Instructions)	Employer (See Instruc	Lions)
	Engniser	One Subs	24
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
	Eva Engelhart Contributor address; City; Sta		00.8/12
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
	Attorney	Hoss Banks M	ay Cron & Cavin PC
<u></u>	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see in:		

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2	FILER NAME	3 Filer ID (Ethics Commission Filers)
4	Date 5 Full name of contributorout-of-state PAC (ID#:	7 Amount of contribution (\$)
	Pame \a Dyer-Aicc 6 Contributor address: City; State; Zip Code	\$100.00
8	Principal occupation / Job title (See Instructions) 9 Employer (See In Purdu F	structions) Thama LP
	Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Haliday Douglas Contributor address; City; State; Zip Code	\$ 100.00
	Principal occupation / Job title (See Instructions)	structions)
	Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
	Pratt, Latoyá	\$100.00
	Contributor address; City; State; Zip Code	
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
	Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
	Da Seun Jones Contributor address; City; State; Zip Code	9100.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
<u> </u>	Attorney Daseon J	ones Attorney at Law
		AC NEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide for additions.	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schodule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	\$100.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Lewis 3	***
Date Full name of contributorout-of-state_PAC (ID#: Ahmed Shaheed Contributor address; City; State; Zip Code	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)
Date Full name of contributor Marcia Johnsun	Amount of contribution (\$)
Contributor address; City, State; Zip Code	\$250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Taxas Sou	uctions) then University
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Sylon Ferry Contributor address; City; State; Zip Code	\$1,000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	0 \
US Department	of Housing
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see instruction guide for additio	

	MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:) Randolph Holmes 6 Contributor address; City; State; Zip Code	
8	Principal occu	pation / Job title (See instructions) 9 Employer (See Instru	ctions)
	Date	Full name of contributor out-of-state PAC (ID#:) Solomon Mengi Steab Contributor address; City; State; Zip Code 3005 Catelyn Rock of Perhal, TX 77584	Amount of contribution (\$)
		pation / Job title (See Instructions) Employer (See Instru ESS Banking Office BBVA CO	
	Date	Full name of contributor	Amount of contribution (\$)
	Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
	Date	Full name of contributor out-of-state PAC (ID#:) Kathse Samake Contributor address; City; State; Zip Code	Amount of contribution (\$)
	Principal occu	patien / Job little (See Instructions) Employer (See Instru	ictions)
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see instruction guide for addition	

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 acceptable categories.) (b) Description (See instructions regarding type of information required.)					
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information equirod.)					
Date	Payee name					
Amount (\$)	Payee address; City; State; Zlp Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)					
Date	Payoe name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

UNPAID INCURRED OBLIGATIONS SCHEDULE F2							
	EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITER	IZED UNPAID INCURRED OBLI	IGATIONS	\$				
5 Date	6 Payee name						
7 Amount (\$)	8 Payee address; City; State;	Zip Code					
9 TYPE OF EXPENDITURE	Political	Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t	Check	On if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense				
11 Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held				
Date	Рауее пате						
Amount (\$)	Payee address; City; State;	Zip Code					
TYPE OF EXPENDITURE	Political	Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t	Check	ion if travel outside of Texas. Complete Schedule T. if Austin, T.X., officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED				

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	cs Commission Filers)
4 Date 5 Name of person from whom investment is purchased 6 Address of person from whom investment is purchased; City; State	
6 Address of person from whom Investment is purchased; City; State	e; Zip Code
6 Address of person from whom investment is purchased; City; State	e; 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	re; Zip Code
Description of investment	
Amount of investment (\$)	

EXPENDITU	JRES	MADE	BY	CREDIT	CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	-	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	nis achedule) (b) Descripti	on
PURPOSE OF		Check	If travel outside of Taxas, Complete Schedule T.
EXPENDITURE		Check	if Austin, TX, officeholder living expense
11 Complete ONLY II direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
Amount (\$)	Payee address; City; State;	Zip Code	
TYPE OF Expenditure	Political [Non-Political	
PURPOSE OF Expenditure	Category (See Categories listed at the top of the	Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Creft Card Reumen!

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Ropayment/Reimbursement Office Overhead/Rontal Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Other (enter a category not listed above)

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 5 Business name 4 Date 6 Amount (\$) 7 Business address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Business name Business address; City; State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Business name Date Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check If Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH 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.
2 FILER NAME	3 Filor ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received 8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code
	7 Purpose for which amount is received
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
Date	Name of person from whom amount is recolved Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code
	Purpose for which amount is received
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule B Schedule B(J) Schedule C2 Schedule D. Schedule F1 Schedule A2 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 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: Schedule A2 Schedule B Schedule 13(J) Schedule C2 Schedule D Schedule F1 Schedule H Schedule COH-UC Schedule B-SS Schedule F2 Schedule F4 Schedule G Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Piedgor / Payee Contribution / Expenditure reported on Schedule D Schedule F1 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule COH-UC Schedule B-SS Schedule F4 Schedule G Schedule H Schedule F2 Name of person(s) traveling Dates of wavel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	MONETARY (IN-KIND) POLITIC RIBUTIONS	CAL	SCHEDULE A2
Th	e Instruction Guide explains how to complete this form		1 Total pages Schedule A2:
FILER NAMI	5		3 Filer ID (Ethics Commission Filers)
TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$
D ate	6 Full name of contributor)	8 Amount of 9 In-kind contribution Contribution \$, description
	7 Contributor address; City; State; Zip Cod	,	Check if travel outside of Texas. Complete Schedule T.
0 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	or (FOR NON-JUDICIAL)(See Instructions)
2 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
4 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
6 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description
	Contributor address; Clty; State; Zip Coo	de	Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)

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

Contributor's employer/law firm (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

	PLEDG	ED CONTRIBUTIONS			SCHEDULE B
	The	Instruction Guide explains how to comp	lete this form.	1 Total pages Sche	dule B:
2	FILER NAME			3 Filer ID (Ethics	Commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor	AC (ID#:	8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; Si	tate; Zip Code	Check if travel out	
1	Principal occu	pation / Job title (See Instructions)	11 Employer	(See Instructions)	
	Date	Full name of pledgor 🔲 out-of-state F	PAČ (ID#:	Amount of Pledge \$	In-kind contribution
		Pledgor address; City; S	itate; Zlp Code		:
			******	Check if travel out	side of Texas. Complete Schedule T
	Principal occup	pation / Job title (See Instructions)	Employer	(See Instructions)	
	Date	Full name of pledgor 🔲 out-of-state F	PAC (ID#:	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; S	State; Zip Code		
				Check if travel ou	side of Texas. Complete Schedule 1
	Principal occu	pation / Job title (See Instructions)	Employer	(See Instructions)	
	Date	Full name of pledgor out-of-state f	PAC (ID#:	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; S	State; Zip Code		•
					tside of Texas. Complete Schedule
	Principal occup	pation / Job title (See Instructions)	Employer	(See Instructions)	
<u> </u>		•			
	lf :	ATTACH ADDITIONAL Co contributor is out-of-state PAC, please t	- All		g requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Cifice Overlage Expense Polling Expense Polling Expense Polling Expense Polling Expense Polling Expense Polling Expense Salares Will Committee Legal Services Salares Will Polling Expense Polling Expens	pense Travel Out of District Other (enter a category not listed above)	5 0			
	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Danyahel Marry	3 Filler ID (Ethics Commission Filers))			
4 Date -1-1-1	5 Payee name					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Catogory (See Categories listed at the top of this schedule) A dvcv+: 1:25	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Janyahal Narra (em	Office sought Office held				
Date	Payee name					
1-9-18	Jamail's Saler					
Amount (\$)	Payee address; City; State; Zip Code		-			
605.12						
PURPOSE OF EXPENDITURE	Catogory (See Categories listed at the log of this schedule) Adverse is in	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 Downgakel Norres (ong	Office sought Office held				
Date	Payee name					
1-25-18	Havry County Democratic Part					
Amount (\$)	Payee address; City: State; Zip Code					
000,						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	MIT ENGONAL I GNOG
	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made to Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule G:	2 FILER NAME Danyahel Norris
4 Dato	5 Payee name Figura
6 Amount (\$) 752.75	7 Payee address; City; State; Zip Code
Reimbursement from political contributions intended	
8 PURPOSE OF EXPENDITURE	(a) Catogory (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office sought Office held Office held
Date 1-27-18	Payon name Texas Southern University
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name Office sought Office held Only like Thustee As. 6
Date 1-5-18	Payee name
Amount (\$)	Payee address; City; State; Zip Code
270.63 Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit Ch	Candidate / Office holder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

\$100

LOANS			SCHEDULE E		
The Instruction C	The Instruction Guide explains how to complete this form.				
2 FILER NAME		3	Filer ID (Ethics Commission Filers)		
Danyahel	Norris				
4 TOTAL OF UNITEMIZED		\$	1,278.38		
5 Date of loan 7 Name of			Loan Amount (\$)		
2-5-18 Dan	yakel Norris		1,278,38		
6 Is lender a financial Institution?	90000 90000	Code	O Interest rate		
v 60 11011	Dahlia Vale Walk H		1 Maturity date		
12 Principal occupation / Job title		yer (See Instructions)			
Associate Dweetor,		as Southern Un			
14 Description of Collateral		if personal funds were dep nt (See Instructions)	posited into political		
16 GUARANTOR 17 Name of	guarantor	15	9 Amount Guaranteed (\$)		
	tor address; City; State; Zip	Code			
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)					
Date of loan Name o	of lender out-of-state_PAC (ID#:)	Loan Amount (\$)		
a financial	address; City; State; Zip	o Code	Interest rate		
Institution? Y N	000000		Maturity date		
Principal occupation / Job title	(See Instructions) Emplo	oyer (See Instructions)			
Description of Collateral Check if personal funds were deposited into political					
Description of Collateral		int (See Instructions)	,		
	f guarantor		Amount Guaranteed (\$)		
Guaran	tor address; City; State; Zig	, , ,			
not applicable					
Principal Occupation (See Instr	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.					

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this for •• Complete only If "Report Type" on page 1 is marked "Fine				
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)			
	Danyahal Novers				
3	SIGNATURE DANYAHOL MOVE.)				
-					
	I do not expect any further political contributions or political expenditures in connection with my ing a report as a final report terminates my campaign treasurer appointment. I also understa contributions or make any campaign expenditures without a campaign treasurer appointment	nd that I may not accept any campaign			
	Signatu	Te of Candidate / Officerolder			
4	At the time of reco	R'S MEMORANDUM: rdation, this instrument was late for the best photographic			
	A. CAMPAIGN FUNDS reproduction because photocopy, discolor additions and char	use of flieghlity, carbonion ored paper, etc. All blockouts, ones work present at the time			
	the instrument was	filod and recorded.			
	I do not have unexpended contributions or unexpended inferest or income earned in	om political contributions.			
	I have unexpended contributions or unexpended interest or income earned from portion and not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions final report. Further, I understand that I must dispose of unexpended political cincome earned on political contributions in accordance with the requirements of Electronic contributions. ASSETS Check only one:	ome earned on political contributions to contributions and that I may not retain ributions longer than six years after filing ontributions and unexpended interest or			
	do not retain assets purchased with political contributions or interest or other incor	ne 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 file. I am also aware that I will be required to file reports of unexpended contributions if, officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	, after filing the last required report as an			
		Signature of Officeholder			