FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Buide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MR. GERALD	MI	OFFICE USE ONLY			
NAME	NICKNAME LAST BROCKS	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CITY: STATE: ZIP CODE EXARCONA, TX 75501				
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (953)838-9954	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	Mt	Receipt # Amount \$			
NAME	NCKNAME LAST	SUFFIX	Date Processed			
	McGover	oon in	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL I WSSS BRIDGE DR.		STATE; ZIP CODE 、イズ、マジランろ			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	(903)691-9276					
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 Sth day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	Month	Day Year			
	4 / 25 / 2523	THROUGH 4/	28 /2023			
11 ELECTION	ELECTION DATE					
	Day real	Runoff Description				
	5/6/2023 General	Special				
12 OFFICE	OFFICE HELD (if any) TISD TRUSTEE, DIST. 2	13 OFFICE SOUGHT (if known)	ee, Dist. 2			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS A THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE WITHOUT THE CAND	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
		ASURER NAME				
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS				
	GO TO PAGE 2					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

CAWPAG	FINANC	EREFUR						
15 C/OH NAME	LO BROC	s ¥S			16 Filer	D (Ethics Co	mmission Filers)	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITIC ES, LOANS, OR GUAR IBUTIONS MADE ELE	RANTEES OF LOA		AN	\$ 747.	25	
		POLITICAL CONTR THAN PLEDGES, LO/		NTEES OF LOAN	S)	\$ 74-	1.25	
EXPENDITURE TOTALS						\$ _0	2-	
	4. TOTAL	POLITICAL EXPENI	DITURES			\$ -0	>	
CONTRIBUTION BALANCE		OLITICAL CONTRIBU	TIONS MAINTAIN	IED AS OF THE I	AST DAY	\$	0-	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT C		DING LOANS AS	OF THE	\$ -	0-	
		er penalty of perjury, by me under Title 15, l		anying report is	true and co	rrect and inclu	udes all information	
	Signature of Candidate or officeholder							
My Nota Expire	UCK MCGARY y ID # 124151979 March 13, 2025	Please comp						
Sworn to and subscribed	before me by	SERALD B	resots	this th	e_28+`	day of	LARIL .	
20 <u>23</u> , to certify	hich, witness my ha	nd and seal of office.						
Darton of			Mibor		NS		* SSUC	
Signature of officer administer	ny oath	Printed name of of		oath		i itle of officer	administering oath	
			OR					
(2) Unsworn Declaratio	n							
My name is			, and	my date of birth	is			
My address is								
	(stre		,	(city)	' (state)	(zip code)	(country)	
Executed in	,		, on the			, 20 (year)		
			1	Signature of Can	didate/Offic	eholder (Decla	arant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

×

20 Filer ID (Ethics Commission Filers)

	CHEDULE SUBTOTALS IAME OF SCHEDULE	SUBTOTAL AMOUNT
1 a	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 747.25
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 GERALD BROOKS			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITIC	AL CONTRIBUT	IONS	\$ 747.29	6	
5 Date 4 -25-23 7 Contributor address; City;)	 8 Amount of Contribution \$ 747.25 Check if travel outsi 	9 In-kind contribution description こみっている こうている こうている こうている こうている こうている こうている こうている こうている こう こう こう こう こう こう こう こう	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (Se	e Instructions) 11		r (FOR NON-JUDICI)	AL)(See Instructions) ニーイ チーマ	
12 Contributor's principal occupation (FOR JUDICIAL)	13	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR	JUDICIAL)				
Date Full name of contributor out-of-state	• PAC (ID#:)	Amount of Contribution \$	In-kind contribution description	
Contributor address; City;	State; Zip	Code	Check if travel outsid	 de of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (Se	e Instructions)	Employe	r (FOR NON-JUDICI)	AL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR	JUDICIAL)				
ATTACH ADDITIONA If contributor is out-of-state PAC, pleas				g requirements.	

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The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MR.	FIRST FRED	мі R.	OFFICE USE ONLY
NAME	NICKNAME	LAST NORTON	suffix JR.	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 6 OAK HILL	PLACE, TEXARK	city: state; zip code ANA, TX 75503	
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	277-8910	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	
TREASURER NAME	MR.	STEPHEN	A	Date Processed
	NICKNAME	LAST MAYO	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / S RIDGE DRIVE, TE	UITE #; CITY; EXARKANA, TX 75503	STATE; ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(903)	293-0450		
9 REPORT TYPE	January 15	30th day before e	election	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	4	/ 13 / 23	THROUGH 4	/ 28 / 23
11 ELECTION	ELECTION DA	те	ELECTION TYPE	
	Monih Day	Year Primary	Runoff Other Description	
	5 / 6 /	23 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	
	,	STEE - DISTRIC	CT 7 TISD TRUSTEE	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER, THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		*
	051/501	COMMITTEE ADDRESS		
Additional Pages	GENERAL			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS	
		GO TO	PAGE 2	
		5010	a a singer bee also	

14

15 C/OH NAME FRED R. NORTON, J	R.	16 Filer ID (E	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES. LOANS, OR GUARANTEES OF LOANS)	\$	2,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	2,726.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	1,000.00
	Please complete either option below		ficeholder
(1) Affidavit	NOTARY PUBLIC STATE OF TEXAS ID # 12495314-9 My Comm. Expires 06-10-2024		
NOTARY STAMP/SEA		a	
	before me by FRED R. NORTON, JR, this the	289 day	y of APRIL
20 23 , to certify	which, witness my hand and seal of office.		ann an ^a seo fa ann
Signature of officer administe	nice Aino Wondahorice Simon		
Signature of onicer administe	ring oath Printed name of officer administering oath OR	nue	of officer administering oath
(2) Unsworn Declaration			Ϋ́.
My name is	, and my date of birth is		¥
My address is			·
		state) (zip c	
Executed in	County, State of, on theday of(month	, 20) (year)
	Signature of Candic	late/Officehold	er (Declarant)

SUBTOTALS - C/OH

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19 FILE	D R. NORTON, JR.	Filer ID (Ethics Commise	sion Filers)			
	IEDULE SUBTOTALS IE OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	500.00			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$	1,000.00			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	BUTIONS \$	2,726.05			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	TRIBUTIONS \$				
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 CONTR	RIBUTIONS \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IS RETURNED \$				

MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

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

The	Instruction Guide explains how t	o complete thi	s form.	1 Total pages Schedule A1: 1			
² FILER NAME FRED R.	NORTON, JR.			3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	out-of-state PA	.C (ID#:)	7 Amount of contribution (\$)			
04/24/2023	6 Contributor address;	City;	State; Zip Code	1,000.00			
8 Principal occu	pation / Job title (See Instructions)						
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)			
04/28/2023	Contributor address;	City;	State; Zip Code	1,000.00			
Principal occup TAX ATTORI	pation / Job title (See Instructions)		Employer (See Instruc SELF-EMPLOYED	tions)			
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of contribution (\$)			
	Contributor address;		State; Zip Code				
Príncipal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)			
-	Contributor address;	City;	State; Zip Code				
Principal occup	Deation / Job title (See Instructions)		Employer (See Instruc	tions)			
~							
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

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SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	^{ule A2:} 1		
² FILER NAME FRED R. NORTON, JR.			3 Filer ID (Ethics Co	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$ 500.00			
5 Date 04/24/2023				9 In-kind contribution description GRAPHICS DESIGN		
			Check if travel outsi	l de of Texas. Complete Schedule T.		
	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor 🗌 out-of-state PAC (ID#:		Amount of Contribution \$	In-kind contribution description		
-	Contributor address; City; State;	Zip Code	Check if travel outsid	de of Texas, Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIA	AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instrucțions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction			requirements.		

If the requested	I information is not applicable, DO I	NOT include this page in the re	eport.		
The	Instruction Guide explains how to co	mplete this form.	1 Total pages Schedule E:		
² filer NAME FRED R. NO	FILER NAME : RED R. NORTON, JR.				
4 TOTAL OF UN	IITEMIZED LOANS		\$		
⁵ Date of Ioan 04/28/2023	7 Name of lender out-of-st	ate PAC (ID#:)	9 Loan Amount (\$) 1,000.00		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 4.86		
Y N			11 Maturity date 04/28/2023		
12 Principal occupation	on / Job title (See Instructions) NEY	13 Employer (See Instructions) SELF-EMPLOYED			
14 Description of Coll	ateral	15 Check if personal fun account (See Instruc	ids were deposited into political tions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	K		
Date of loan	Name of lender out-of-st	tate PAC (ID#:)	Loan Amount (\$)		
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
			Maturity date		
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	1		
Description of Colla	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
not applicable	Guarantor address; City;	State; Zip Code			
	on (See Instructions)	Employer (See Instructions)			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

11 14

SCHEDULE F1

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

in the requeeted line	onnationne	not applicable; 2 + 11 + 1					
	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor			rhead/Rental Expense pense pense ages/Contract Labor	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 F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)	
1	FRED R	. NORTON, JR.					
4 Date	5 Payee na						
04/28/2023		ERO ENTERPRISES		Citu	State	Zip Cado	
6 Amount (\$) 2,726.05	7 Payee address; City; State; Zip Code 05 2828 S. STATE LINE, TEXARKANA, TX 75501						
8		γ (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE	PRINTI	NG EXPENSE		CAMPAIGN S	IGNS		
EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame	L				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	7 (See Categories listed at the top of this s	schedule)	Description			
		Check if travel outside of Texas, Complete S	chedule T	Chock if Audi	n, TX, alficeholder livin		
Comoloto ONLV (E direct	Candid	ate / Officeholder name		Office sought		Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				embe sought			
Date	Payee n	ame					
Amount (\$)	Payee ad	Jdress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX. officeholder living	g expense	
Complete <u>QNLY</u> if direct expenditure to benefil C/OH		ate / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		

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