

FORM C/OH
COVER SHEET PG 1

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/15/2022

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

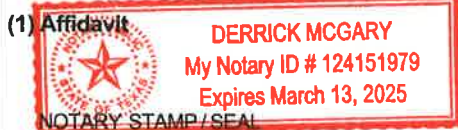
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>GERALD BROOKS</u>		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)	\$ <u>747.25</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>747.25</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>-0-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>-0-</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>-0-</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>-0-</u>

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.

Gerald Brooks
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by GERALD BROOKS this the 28th day of APRIL, 2023, to certify which, witness my hand and seal of office.

Derrick McGary DERRICK MCGARY NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(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 type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 747.25
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1

GERALD BROOKS

3 Filer ID (Ethics Commission Filers)

\$ 747.25

4-25-23

7 Contributor address; City; State; Zip Code

CAMPAIGN SIGNS

☐ Check if travel outside of Texas. Complete Schedule T.

INSURANCE AGENT

SELF-EMPLOYED

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

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)

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

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

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

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

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:20%; font-size: small;">MI</td> </tr> <tr> <td>MR.</td> <td>FRED</td> <td>R.</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>NORTON</td> <td>JR.</td> </tr> </table>				MS / MRS / MR	FIRST	MI	MR.	FRED	R.	NICKNAME	LAST	SUFFIX		NORTON	JR.	OFFICE USE ONLY					
	MS / MRS / MR	FIRST	MI																			
MR.	FRED	R.																				
NICKNAME	LAST	SUFFIX																				
	NORTON	JR.																				
Date Received																						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:10%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">6 OAK HILL PLACE, TEXARKANA, TX 75503</td> </tr> </table>				ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	6 OAK HILL PLACE, TEXARKANA, TX 75503												
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6 OAK HILL PLACE, TEXARKANA, TX 75503																						
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:30%; font-size: small;">PHONE NUMBER</td> <td style="width:50%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(903)</td> <td>277-8910</td> <td></td> </tr> </table>				AREA CODE	PHONE NUMBER	EXTENSION	(903)	277-8910		Date Hand-delivered or Date Postmarked											
AREA CODE	PHONE NUMBER	EXTENSION																				
(903)	277-8910																					
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:20%; font-size: small;">MI</td> </tr> <tr> <td>MR.</td> <td>STEPHEN</td> <td>A.</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>MAYO</td> <td></td> </tr> </table>				MS / MRS / MR	FIRST	MI	MR.	STEPHEN	A.	NICKNAME	LAST	SUFFIX		MAYO		Receipt # Amount \$					
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NICKNAME	LAST	SUFFIX																				
	MAYO																					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:10%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="4">10 WOOD BRIDGE DRIVE, TEXARKANA, TX 75503</td> </tr> </table>				STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY;	STATE;	ZIP CODE	10 WOOD BRIDGE DRIVE, TEXARKANA, TX 75503												
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>				<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 type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%; font-size: small;">Year</td> <td style="width:20%;"></td> <td style="width:20%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%; font-size: small;">Year</td> </tr> <tr> <td>4</td> <td>13</td> <td>23</td> <td style="text-align: center;">THROUGH</td> <td>4</td> <td>28</td> <td>23</td> </tr> </table>				Month	Day	Year		Month	Day	Year	4	13	23	THROUGH	4	28	23				
Month	Day	Year		Month	Day	Year																
4	13	23	THROUGH	4	28	23																
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION DATE</td> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="width:10%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%; font-size: small;">Year</td> <td style="width:20%; font-size: small;">Primary</td> <td style="width:20%; font-size: small;">Runoff</td> <td style="width:30%; font-size: small;">Other Description</td> </tr> <tr> <td>5</td> <td>6</td> <td>23</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>				ELECTION DATE			ELECTION TYPE			Month	Day	Year	Primary	Runoff	Other Description	5	6	23	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
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5	6	23	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																		
12 OFFICE	OFFICE HELD (if any) TISD TRUSTEE - DISTRICT 7		13 OFFICE SOUGHT (if known) TISD TRUSTEE - DISTRICT 7																			
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	<p style="font-size: x-small; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">COMMITTEE TYPE</td> <td style="font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td rowspan="2" style="font-size: small;">GENERAL</td> <td style="font-size: small;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="font-size: small;">SPECIFIC</td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>					COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS										
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SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS																					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
FRED R. NORTON, JR.

16 Filer ID (Ethics Commission Filers)

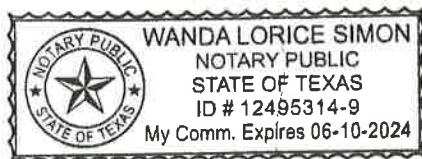
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,726.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

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.

Fred R. Norton, Jr.
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by FRED R. NORTON, JR. this the 28th day of APRIL, 2023, to certify which, witness my hand and seal of office.

Wanda Lorice Simon Wanda Lorice Simon Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

FRED R. NORTON, JR.

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,000.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,726.05
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	\$

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: 1
2 FILER NAME FRED R. NORTON, JR.		3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2023	5 Full name of contributor [REDACTED] out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) MAYO MANUFACTURING COMPANY
Date 04/28/2023	Full name of contributor [REDACTED] out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) TAX ATTORNEY		Employer (See Instructions) SELF-EMPLOYED
Date	Full name of contributor [REDACTED] 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 [REDACTED] 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.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

FRED R. NORTON, JR.

\$ 500.00

Check if travel outside of Texas. Complete Schedule T.

GRAPHICS DESIGNER

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

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

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

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

Revised 8/17/2020

LOANS**SCHEDULE E**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 E: 1
2 FILER NAME FRED R. NORTON, JR.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 04/28/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) [REDACTED]	9 Loan Amount (\$) 1,000.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code [REDACTED]	10 Interest rate 4.86
		11 Maturity date 04/28/2023
12 Principal occupation / Job title (See Instructions) TAX ATTORNEY		13 Employer (See Instructions) SELF-EMPLOYED
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME FRED R. NORTON, JR.	3 Filer ID (Ethics Commission Filers)
4 Date 04/28/2023	5 Payee name CIGAINERO ENTERPRISES	
6 Amount (\$) 2,726.05	7 Payee address; City; State; Zip Code 2828 S. STATE LINE, TEXARKANA, TX 75501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description CAMPAIGN SIGNS
	(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		
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		
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		
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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED