

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR (M)	FIRST NORMA	MI
	NICKNAME	LAST SANCHEZ-STEPHENS	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 329 RIO VISTA DR. CIBOLO, TX 78108		
	7 CANDIDATE / OFFICEHOLDER PHONE AREA CODE (210) PHONE NUMBER 275 2403 EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR (M)	FIRST NORMA	MI
	NICKNAME	LAST SANCHEZ-STEPHENS	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 329 RIO VISTA DR. CIBOLO, TX 78108		
8 CAMPAIGN TREASURER PHONE	AREA CODE (210) PHONE NUMBER 275 - 2403 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 2 / 16 / 23 THROUGH Month Day Year 6 / 5 / 23		
11 ELECTION	ELECTION DATE Month Day Year 5 / 6 / 23		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) CIBOLO CITY COUNCIL DISTRICT 5	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>NORMA SANCHEZ STEPHENS</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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,000.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>3,039.57</u>
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>(1,039.57)</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.

Norma Sanchez Stephens
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 SANCHEZ STEPHENS and my date of birth is [REDACTED]
 My address is 329 RIO VISTA DR. CIBOLO Tx. 78108 Guadalupe
 (street) (city) (state) (zip code) (country)
 Executed in Guadalupe County, State of Texas, on the 5th day of June, 2023.
 (month) (year)
Norma Sanchez Stephens
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME NORMA SANCHEZ STEPHENS		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 type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,039.51
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	\$

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME NORMA SANCHEZ STEPHENS	3 Filer ID (Ethics Commission Filers)
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4 Date 5/19/23	5 Payee name USPS
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6 Amount (\$) \$154.35	7 Payee address; 1081 EUBEL RD	City; SCHERTZ TX	State;	Zip Code 78154
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION EXPENSE	(b) Description Stamps for thank you letters \$15.75 & \$138.60
	(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 NORMA SANCHEZ STEPHENS	Office sought CITY COUNCIL DISTRICT 5	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete 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

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: **3**

2 FILER NAME

NORMA SANCHEZ STEPHENS

3 Filer ID (Ethics Commission Filers)

4 Date

2/17/23

5 Full name of contributor

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

NANETTE STEPHENS

7 Amount of contribution (\$)

\$200⁰⁰

6 Contributor address;

City;

State;

Zip Code

9023 PRIVILEGE PT CONVERSE TX 78109

8 Principal occupation / Job title (See Instructions)

Retired Teacher

9 Employer (See Instructions)

Date

2/15/23

Full name of contributor

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

MARY JANE OBREN

Amount of contribution (\$)

\$300⁰⁰

Contributor address;

City;

State;

Zip Code

9329 Campy Bnd Selma TX 78154

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/17/23

Full name of contributor

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

Luis Gonzalez

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

City;

State;

Zip Code

128 Corsica Dr Cibola TX 78108

Principal occupation / Job title (See Instructions)

Retired Veteran

Employer (See Instructions)

Date

2/17/23

Full name of contributor

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

Christopher Lisanti

Amount of contribution (\$)

\$500⁰⁰

Contributor address;

City;

State;

Zip Code

494 Cedar Brg Schertz Tx 78154

Principal occupation / Job title (See Instructions)

Retired Veteran

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: 3
2 FILER NAME NORMA SANCHEZ STEPHENS		3 Filer ID (Ethics Commission Filers)
4 Date 2/21/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernesto Lozares, Jr	7 Amount of contribution (\$) \$100⁰⁰
6 Contributor address; City; State; Zip Code 405 Timber Crk Schertz TX 78108		
8 Principal occupation / Job title (See Instructions) Retired Veteran		9 Employer (See Instructions)
Date 2/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean Griffiee	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 328 Rio Vista Dr Cibolo TX 78108		
Principal occupation / Job title (See Instructions) Retired Contractor		Employer (See Instructions)
Date 3/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gale Mankoff	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 333 Rio Vista Dr Cibolo TX 78108		
Principal occupation / Job title (See Instructions) Retired Veteran		Employer (See Instructions)
Date 3/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Wright	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code Rio Vista Dr Cibolo TX 78108		
Principal occupation / Job title (See Instructions) Retired Airforce		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: 3
2 FILER NAME NORMA SANCHEZ STEPHENS		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHEN KAMINSKY	7 Amount of contribution (\$) \$100⁰⁰
6 Contributor address; City; State; Zip Code 340 BRUSH TRAIL BN CIBOLO TX 78108		
8 Principal occupation / Job title (See Instructions) RETIRED EDUCATOR		9 Employer (See Instructions)
Date 4/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAY STEPHENS	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 12627 Sandtrap Ln San Antonio TX 78217		
Principal occupation / Job title (See Instructions) SOLUTIONS ARCHITECT / FIELD SALES		Employer (See Instructions) TD SYNEX
Date 4/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUAN SANCHEZ	Amount of contribution (\$) \$200⁰⁰
Contributor address; City; State; Zip Code 4931 Augusta Square San Antonio TX 78247		
Principal occupation / Job title (See Instructions) RENTAL SALES MANAGER		Employer (See Instructions) MAGNUM TRAILERS
Date 4/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TINA HAYES	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 624 Padova Cibolo TX 78108		
Principal occupation / Job title (See Instructions) RETIRED NURSE		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.

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: **5** 2 FILER NAME: **NORMA SANCHEZ STEPHENS** 3 Filer ID (Ethics Commission Filers)

4 Date: **2/9/23** 5 Payee name: **NORTHEAST PARTNERSHIP**

6 Amount (\$): **20⁻** 7 Payee address; City; State; Zip Code: **2150 Universal City Blvd Universal City TX 78148**

8 PURPOSE OF EXPENDITURE: **Event Expense**
 (a) Category (See Categories listed at the top of this schedule)
 (b) Description: **Northeast cities involvement info**
 (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: **NORMA SANCHEZ STEPHENS** Office sought: **CITY COUNCIL DISTRICT 5** Office held

Date: **3/9/23** Payee name: **NORTHEAST PARTNERSHIP**

Amount (\$): **20⁻** Payee address; City; State; Zip Code: **2150 Universal City Blvd Universal City TX 78148**

PURPOSE OF EXPENDITURE: **Event Expense**
 Category (See Categories listed at the top of this schedule): **Event Expense**
 Description: **Northeast Cities involvement info**
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: **NORMA SANCHEZ STEPHENS** Office sought: **CITY COUNCIL DISTRICT 5** 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 ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 5	2 FILER NAME NORMA SANCHEZ STEPHENS	3 Filer ID (Ethics Commission Filers)
4 Date 3/1/23	5 Payee name PAYPAL	
6 Amount (\$) 6.76	7 Payee address; City; State; Zip Code 2211 N 1st St SAN JOSE CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description ONLINE DONATION FEES 2 - \$3.38 transactions
	(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 NORMA SANCHEZ STEPHENS Office sought Office held CITY COUNCIL DISTRICT 5	
Date 3/8/23	Payee name SECURITY SERVICE FEDERAL CREDIT UNION	
Amount (\$) 34.43	Payee address; City; State; Zip Code 17300 I-35N SCHERTZ TX 78154	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description CHECKS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NORMA SANCHEZ STEPHENS Office sought Office held CITY COUNCIL DISTRICT 5	
Date 3/17/23	Payee name US POST OFFICE	
Amount (\$) 153.09	Payee address; City; State; Zip Code 1081 Elbel Rd Schertz TX 78154	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION EXPENSE	Description STAMPS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NORMA SANCHEZ STEPHENS Office sought Office held CITY COUNCIL DISTRICT 5	

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
- 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
- Palling 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: 5	2 FILER NAME NORMA SANCHEZ STEPHENS	3 Filer ID (Ethics Commission Filers)
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4 Date 2/27/23	5 Payee name 1st Source Digital
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6 Amount (\$) 549.91	7 Payee address; 4390 E FM 1518	City; SELMA	State; TX	Zip Code 78154
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE ADVERTISING	(b) Description SIGNS, YARD SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NORMA SANCHEZ STEPHENS	Office sought CITY COUNCIL DISTRICT 5	Office held
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Date 3/1/23	Payee name 1st source digital
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Amount (\$) 1,119.31	Payee address; 4390 E FM 1518	City; SELMA	State; TX	Zip Code 78154
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE ADVERTISING	Description SIGNS, YARD SIGNS, DOOR HANGERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NORMA SANCHEZ STEPHENS	Office sought CITY COUNCIL DISTRICT 5	Office held
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Date 4/5/23	Payee name 1st Source Digital
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Amount (\$) 123.41	Payee address; 4390 E FM 1518	City; SELMA	State; TX	Zip Code 78154
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSES ADVERTISING	Description SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NORMA SANCHEZ STEPHENS	Office sought CITY COUNCIL DISTRICT 5	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: 5	2 FILER NAME NORMA SANCHEZ STEPHENS	3 Filer ID (Ethics Commission Filers)
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4 Date 4.5.23	5 Payee name 1st Source Digital
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6 Amount (\$) 568.31	7 Payee address; 4890 ERM 1518	City; SELMA	State; TX	Zip Code 78154
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE ADVERTISING	(b) Description DOOR HANGERS BUSINESS CARDS
	(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 NORMA SANCHEZ STEPHENS	Office sought CITY COUNCIL DISTRICT 5	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete 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: 5	2 FILER NAME NORMA SANCHEZ STEPHENS	3 Filer ID (Ethics Commission Filers)
4 Date 3/28/23	5 Payee name HRK Consulting	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 17460 IH 35N STE 430-502 SCHERTZ TX 78154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description Safety consulting
	(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 NORMA SANCHEZ STEPHENS <u>Office sought</u> CITY COUNCIL DISTRICTS	
Date 3/29/23	Payee name KAREN COXEN	
Amount (\$) 190.00	Payee address; City; State; Zip Code 1009 Silvertree Blvd Schertz TX 78154	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING/ADVERTISING	Description CAMPAIGN T-SHIRTS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NORMA SANCHEZ STEPHENS <u>Office sought</u> CITY COUNCIL DISTRICT 5	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED