

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: **11**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **NORMA** FIRST MI
NICKNAME **SANCHEZ-STEPHENS** LAST SUFFIX

OFFICE USE ONLY

Date Received

4/10/23
JAC

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
329 RIO VISTA DR
CIBOLO TX 78108

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 275 2403

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **NORMA** FIRST MI
NICKNAME **SANCHEZ-STEPHENS** LAST SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
329 RIO VISTA DR, CIBOLO TX 78108

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 275 2403

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year **2 / 16 / 23** THROUGH Month Day Year **4 / 5 / 23**

11 ELECTION

ELECTION DATE Month Day Year **5 / 6 / 2023** ELECTION TYPE
 Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CITY COUNCIL DISTRICT 5

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME
NORMA SANCHEZ STEPHENS

16 Filer ID (Ethics Commission Filers)

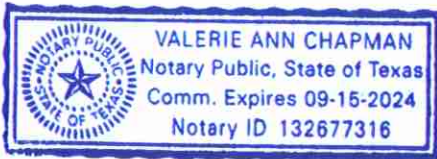
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,000. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2885.22
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	\$ (885.22)

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 Norma Sanchez Stephens this the 16TH day of April, 2023, to certify which, witness my hand and seal of office.

Valerie A. Chapman Printed name of officer administering oath
Valerie A. Chapman 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

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	\$ <i>2,000.00</i>
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	\$ <i>2,885.22</i>
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	\$

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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY JANE OBREN	Amount of contribution (\$) \$300⁰⁰
Contributor address; City; State; Zip Code 9329 Canopy Bnd Selma TX 78154		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/17/23	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Lisanti	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code 494 Cedar Brag 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)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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) ID 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 Expense | 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: 5	2 FILER NAME NORMA SANCHEZ STEPHENS	3 Filer ID (Ethics Commission Filers)
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4 Date 2/9/23	5 Payee name NORTHEAST PARTNERSHIP
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6 Amount (\$) 20-	7 Payee address; City; State; Zip Code 2150 Universal City Blvd Universal City TX 78148
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Northeast cities involvement info
	(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 3/9/23	Payee name NORTHEAST PARTNERSHIP
-----------------------	--

Amount (\$) 20-	Payee address; City; State; Zip Code 2150 Universal City Blvd Universal City TX 78148
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Northeast Cities involvement info
	<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	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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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: 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 CITY COUNCIL DISTRICT 5 Office held	
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 CITY COUNCIL DISTRICT 5 Office held	
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 CITY COUNCIL DISTRICT 5 Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- 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: 5	2 FILER NAME NORMA Sanchez Stephens	3 Filer ID (Ethics Commission Filers)
4 Date 2/27/23	5 Payee name 1st Source Digital	
6 Amount (\$) 549.91	7 Payee address; City; State; Zip Code 4390 E FM 1518 SELMA TX 78154	
8 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	
Date 3/1/23	Payee name 1st source digital	
Amount (\$) 1,119.31	Payee address; City; State; Zip Code 4390 E FM 1518 SELMA TX 78154	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE ADVERTISING	Description SIGNS, YARD SIGNS, DOOR HANGERS
	<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	
Date 4/5/23	Payee name 1st Source Digital	
Amount (\$) 123.41	Payee address; City; State; Zip Code 4390 E FM 1518 SELMA TX 78154	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSES ADVERTISING	Description SIGNS
	<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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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 4.5.23	5 Payee name 1st Source Digital	
6 Amount (\$) 568.31	7 Payee address; City; State; Zip Code 4890 EPM 1518 SELMA TX 78154	
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
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
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

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: <u>5</u>	2 FILER NAME <u>NORMA SANCHEZ STEPHENS</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/28/23</u>	5 Payee name <u>HRK Consulting</u>	
6 Amount (\$) <u>100.00</u>	7 Payee address; City; State; Zip Code <u>17460 IH 35N STE 430-502 SCHERTZ TX 78154</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>CONSULTING EXPENSE</u>	(b) Description <u>Safety consulting</u>
	(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 <u>NORMA SANCHEZ STEPHENS</u> <u>Office sought</u> Office held <u>CITY COUNCIL DISTRICT 5</u>	
Date <u>3/29/23</u>	Payee name <u>KAREN COXEN</u>	
Amount (\$) <u>190.00</u>	Payee address; City; State; Zip Code <u>1009 Silvertree Blvd Schertz TX 78154</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>PRINTING/ADVERTISING</u>	Description <u>CAMPAIGN TSHIRTS</u>
	<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 <u>NORMA SANCHEZ STEPHENS</u> <u>Office sought</u> Office held <u>CITY COUNCIL DISTRICT 5</u>	
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 <u>NORMA SANCHEZ STEPHENS</u> <u>Office sought</u> Office held <u>CITY COUNCIL DISTRICT 5</u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED