# 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	MS / MRS / MR MS	FIRST Norma Lee	ML	OFFICE USE ONLY	
IVAIVIE	NICKNAME	Valle	SUFFIX	NECEIVEA	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	: APT / SUITE #; Club Rd, Browns	CITY; STATE; ZIP CODE	APR 2 6 2024	
Change of Address				BA: 0 8 / -	
5 CANDIDATE/ OFFICEHOLDER PHONE	(956 )	908-0729	EXTENSION	Date Hand-delivered or Date Postmarked 4/24/1:13an	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Sylvia	МІ	Receipt # Amount \$  Date Processed	
	NICKNAME	De Leon	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S		STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	( 956 )	9HONE NUMBER 372-4487	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before d	-	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 4	Day Year / 5 / 24	Month 4	Day Year / 26 / 24	
11 ELECTION	Month Day	Year Primary  24 General	Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Port Commission		
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE   COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				4,3	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		GO ТО	PAGE 2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Norma Lee Valle		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLED THE	HAN	\$ 4,750.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	vs)	\$ 4,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 3,327.58
	4. TOTAL POLITICAL EXPENDITURES		3,327.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY	\$ 1,422.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE	\$ 0.00
	vear, or affirm, under penalty of perjury, that the accompanying report is uired to be reported by me under Title 15, Election Code.	true and corre	ct and includes all information
	$\mathcal{A}$	1/	100
	$\mathcal{L}$	e /	elle
	Signature of	Candidate or	Officeholder
	Please complete either option bel	ow:	
(1) Affidavit	LAURA SEALS Notary ID #128967581 My Commission Expires May 18, 2024		
NOTARY STAMP (STAMP)	) alla Sect	he 26th	day of April
20 , to certify	which, witness my hand and seal of office.	100/	ary Public
Signature of officer administer	ing oath Printed name of officer administering oath	L. S.	itle of officer administering oath
	OR		
(2) Unsworn Declaration	on .		
My name is	, and my date of birtl	n is	
My address is			
	(street) (city)	(state) (z	ip code) (country)
Executed in			, 20 (year)
	Signature of Ca	ndidate/Officeh	older (Declarant)

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	Norma Lee Valle	20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ 3,327.58
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 FU	NDS \$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	TIONS RETURNED \$

#### MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

			- THE PART AND ADDRESS OF THE
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Norma	Lee Valle		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (III Camille Canales	D#:)	7 Amount of contribution (\$)
04/06/2024	6 Contributor address; City: San Antonio	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date		D#;)	Amount of contribution (\$)
04/08/2024	Conservative Hispanas in Action	ON .	EOOOO
	Contributor address; City;	State; Zip Code	500.00
	Round Ro	ck TX 78665	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		D#:	Amount of contribution (\$)
04/09/2024	Lupita Molina		150 00
0 11 00 12 02 1	Contributor address: City; San Antonio TX	78209	150.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (III	D#:)	Amount of contribution (\$)
04/10/2024	Ankjaer Jensen  Contributor address; City;	State; Zip Code	1,000.00
	Brownsville 1	TX 78520	,, , , , , , , , , , , , , , , , , , , ,
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
A A A A A A A A A A A A A A A A A A A			
	A CONTRACTOR OF THE CONTRACTOR		
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		
	n continutor is out-or-state rate, prease see histate	aon gende for additional fa	harman indunations

### 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:
2 FILER NAME Norma	Lee Valle			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Patricia Obrien	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
04/10/2024		city; Francisco (	State; Zip Code CA 94118	100.00
8 Principal occu	pation / Job title (See Instructions)	1	9 Employer (See Instruc	tions)
Date	Full name of contributor  Doak Dunkin	out-of-state PAC	(IDI):)	Amount of contribution (\$)
04/16/2024	Contributor address;	City;	State; Zip Code	100.00
	Ha	arlingen TX	78550	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
04/23/2024	Daniel Ogletree  Contributor address;	City;	State; Zip Code	1,500.00
÷.		Palmhurst	TX 78573	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor  Laura Warren	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
04/23/2024	Contributor address;	City;	State; Zip Code	1,000.00
		Palmhurst	TX 78573	•
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
			100 to	
	ATTACH ADDIT		OF THIS SCHEDULE AS Nuction guide for additional	

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

If the reques	ited information is not applicable,	DO NOT in	clude this page in the	
The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 3
2 FILER NAME Norma	Lee Valle			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Island Wigs Beautique	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
04/18/2024	6 Contributor address;	city: , Port Isal	State; Zip Code bel TX 78578	100.00
8 Principal occu	palien / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor  Nora Castaneda	out-of-state PAC	(10#:)	Amount of contribution (\$)
04/23/2024	Contributor address;	city: ingen TX	State; Zip Code	100.00
Principal occup	eation / Job title (See Instructions)	ingen 17	Employer (See Instruct	tions)
Date	Full name of contributor Roselyn M Roser	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/25/2024	Contributor address;	•	State; Zip Code VIIIe TX 78521	100.00
Principal occup	pation / Job title (See Instructions)	DIOWIIS	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occur	pation / Job title (See Instructions)	,	Employer (See Instruc	tions)
	ATTACH ADDITION		OF THIS SCHEDULE AS N	

### 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to c		Other (enter a categ	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Norma Lee Valle		3 Filer ID (Ethic	s Commission File	ers)
4 Date 04/05/2024	5 Payee name Veronica Cruz Coons				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
200.00	1755 W Monroe St	Brownsvill	e TX	78520	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Campaign	Campaigning			
disyun ing	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living	3 expense	
9 Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
04/10/2024	Toddle Inn Restaurant				
Amount (\$)	Payee address;	City;	State;	Zip Code	•
27.58	1740 Central Blvd	Brownsvill	le TX	78520	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Expense Food Beverage Expense				
	Check if travel outside of Texas. Complete Schedule T			expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
04/13/2024	Nicolas Rodriguez				
Amount (\$)	Payee address;	Cìty;	State;	Zip Code	
500.00	1184 Camwood Pl	Brownsvill	le TX	78520	
	Category (See Calegories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising	Advertising Signs & Posts			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED		

## 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	at Committee Legal Services Salaries/M  The Instruction Guide explains how to c		Other (enter a categ	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Norma Lee Valle		3 Filer ID (Ethic	s Commission Filer	-s)
4 Date 04/23/2024	5 Payee name Radio La Mera Mera	***************************************			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1,000.00	Calle Primera y Zaragoza Colonia	Modelo Matamo	ros Tamau	lipas 87360	
8	(a) Category (See Categories fisted at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising	Radio Ads			
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
04/24/2024	My Little Carrousel Foundation				
Amount (\$)	Payee address;	City;	State;	Zip Code	
200.00	2212 N 47th St	McAllen	TX	78501	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contributions / Donations	Toy Drive			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name		***************************************		
04/23/2024	Pink Ape Media Consulting LLC				
Amount (\$)	Payee address;	City;	State;	Zip Code	
350.00	3892 Magali Cir	Brownsvill	e TX	78521	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising	Marketing Consultant			
	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	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED		-

## 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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Exponse 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)

Crcdil Card Payment	The Instruction Guide explains how to c	complete this form.	onio (amorticata)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Norma Lee Valle	-	3 Filer ID (Ethic	s Commission File	rs)
4 Date 04/18/2024	5 Payee name Veronica Cruz Coons				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	V*************************************
200.00	1755 W Monroe St	Brownsvill	le TX	78520	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Campaign	Campaigning			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	. TX, officeholder fiving	expanse	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
04/19/2024	Radio La Mera Mera				
Amount (\$)	Payee address;	City;	State;	Zìp Code	
500.00	Calle Primera y Zaragoza Colonia N	Modelo Matamo	ros Tamauli	pas 87360	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising	Radio Ads		·	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
04/22/2024	Pink Ape Media Consulting LLC				
Amount (\$)	Payee address;	City;	State;	Zip Code	
350.00	3892 Magali Cir	Brownsvil	le TX	78521	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	Advertising	Marketing C	onsultant		
:	Check if travel outside of Texas, Complete Schedule T. Check if Aus		stin, 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 NEED	DED		