



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

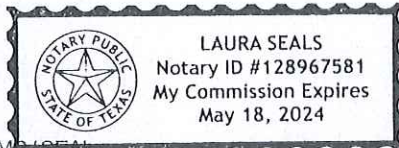
15 C/OH NAME Norma Lee Valle		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 4,750.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 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 LAST DAY OF REPORTING PERIOD	\$ 1,422.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

*Norma Lee Valle*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Laura Seals this the 26th day of April, 2024, to certify which, witness my hand and seal of office.

*[Signature]* Signature of officer administering oath  
Laura Seals Printed name of officer administering oath  
Notary Public 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 <b>Norma Lee Valle</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 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 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: <b>3</b>
2 FILER NAME <b>Norma Lee Valle</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/06/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Camille Canales</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78248</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/08/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Conservative Hispanas in Action</b> Contributor address; City; State; Zip Code [REDACTED] <b>Round Rock TX 78665</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/09/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lupita Molina</b> Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78209</b>	Amount of contribution (\$)  <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/10/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ankjaer Jensen</b> Contributor address; City; State; Zip Code [REDACTED] <b>Brownsville TX 78520</b>	Amount of contribution (\$)  <b>1,000.00</b>
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.

**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 Lee Valle		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Patricia O'Brien	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code [REDACTED] San Francisco CA 94118		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/16/2024	Full name of contributor out-of-state PAC (ID#: _____) Doak Dunkin	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code [REDACTED] Harlingen TX 78550		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Daniel Ogletree	Amount of contribution (\$) <b>1,500.00</b>
Contributor address; City; State; Zip Code [REDACTED] Palmhurst TX 78573		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Laura Warren	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code [REDACTED] Palmhurst TX 78573		
Principal occupation / Job title (See Instructions)		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: <b>3</b>
2 FILER NAME <b>Norma Lee Valle</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/18/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Island Wigs Beautique</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code [REDACTED] <b>Port Isabel TX 78578</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/23/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Nora Castaneda</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Harlingen TX 78550</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/25/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Roselyn M Roser</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Brownsville TX 78521</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: <b>3</b>	2 FILER NAME <b>Norma Lee Valle</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/05/2024</b>	5 Payee name <b>Veronica Cruz Coons</b>	
6 Amount (\$) <b>200.00</b>	7 Payee address; City; State; Zip Code <b>1755 W Monroe St Brownsville TX 78520</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Campaign</b>	(b) Description <b>Campaigning</b>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>04/10/2024</b>	Candidate / Officeholder name <b>Toddle Inn Restaurant</b>	
Amount (\$) <b>27.58</b>	Office sought <b>Brownsville TX 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Expense</b>	Description <b>Food Beverage Expense</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>04/13/2024</b>	Candidate / Officeholder name <b>Nicolas Rodriguez</b>	
Amount (\$) <b>500.00</b>	Office sought <b>Brownsville TX 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Advertising Signs &amp; Posts</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Norma Lee Valle</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/23/2024</b>	<b>5</b> Payee name <b>Radio La Mera Mera</b>	
<b>6</b> Amount (\$) <b>1,000.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>Calle Primera y Zaragoza Colonia Modelo Matamoros Tamaulipas 87360</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising</b>	<b>(b)</b> Description <b>Radio Ads</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>04/24/2024</b>	Payee name <b>My Little Carrousel Foundation</b>	
Amount (\$) <b>200.00</b>	Payee address; City; State; Zip Code <b>2212 N 47th St McAllen TX 78501</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contributions / Donations</b>	Description <b>Toy Drive</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>04/23/2024</b>	Payee name <b>Pink Ape Media Consulting LLC</b>	
Amount (\$) <b>350.00</b>	Payee address; City; State; Zip Code <b>3892 Magali Cir Brownsville TX 78521</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Marketing Consultant</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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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            | 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                        |                               |                                |  |

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1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Norma Lee Valle</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/18/2024</b>	5 Payee name <b>Veronica Cruz Coons</b>	
6 Amount (\$) <b>200.00</b>	7 Payee address; City; State; Zip Code <b>1755 W Monroe St Brownsville TX 78520</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Campaign</b>	(b) Description <b>Campaigning</b>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/19/2024</b>	Payee name <b>Radio La Mera Mera</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>Calle Primera y Zaragoza Colonia Modelo Matamoros Tamaulipas 87360</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Radio Ads</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date <b>04/22/2024</b>	Payee name <b>Pink Ape Media Consulting LLC</b>	
Amount (\$) <b>350.00</b>	Payee address; City; State; Zip Code <b>3892 Magali Cir Brownsville TX 78521</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Marketing Consultant</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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