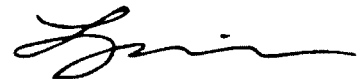




Official Filing Authority of Harris County  
Isabel Longoria  
Elections Administrator

## Campaign Finance Report



  
Elections Administrator  
Harris County, TX

**FileNo:** 2022185  
**Received By Clerk:** 01/21/2022  
**File Date:** January 18, 2022  
**Office:** Commissioner Pct. 2  
**Candidate:** Morman, Jack  
**Treasurer:** Morman, Andrea  
**Category:** Contributions And Expenditures (COH/JCOH)  
**Delivered By:** Certified Mail  
**Type:** COR

Harris County No Fee

# 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: <div style="font-size: 1.5em; text-align: center;">31</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Jack</div>		<b>OFFICE USE ONLY</b>
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">MORMAN</div>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <div style="font-size: 1.2em;">PO Box 682 Deer Park, TX 77536</div>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(832) 512-0211</div>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Andrea</div>		Date Received
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">MORMAN</div>		Date Hand-delivered or Date Postmarked
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <div style="font-size: 1.2em;">409 E. 2nd St. Deer Park, TX 77536</div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(281) 923-0712</div>		
<b>9 REPORT TYPE</b>	<input checked="" 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 type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    Month Day Year <div style="font-size: 1.2em;">7 / 1 / 21    THROUGH    12 / 31 / 21</div>		
<b>11 ELECTION</b>	ELECTION DATE    ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <div style="font-size: 1.2em;">3 / 1 / 22</div> <input type="checkbox"/> General <input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>13 OFFICE SOUGHT (if known)</b> <div style="font-size: 1.2em; text-align: right;">Harris County Commissioner, Pct. 2</div>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME	
		COMMITTEE ADDRESS	
		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		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 45,749.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 522.36
	4. TOTAL POLITICAL EXPENDITURES	\$ 66,119.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 165,834.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

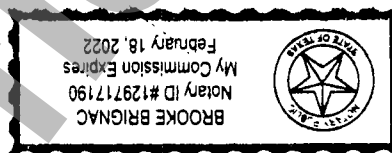
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by JACK NORMAN this the 17 day of January, 2022, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Brooke Brignac  
Printed name of officer administering oath

Notary  
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

*Norman, Jack*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 45,749.00
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	\$ 66,119.29
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 9,858.33
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: 8
2 FILER NAME MORMAN, JACK		3 Filer ID (Ethics Commission Filers)
4 Date 8/17/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harry Simeonidis	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 5300 Hollister, Ste. 220, Houston, TX 77040	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Weekley	Amount of contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 1111 N. Post Oak, Houston, TX 77055	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry Cernosek	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 1705 Kingsdale Dr., Deer Park, TX 77536	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Lanham	Amount of contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code 2210 Britton Ridge Dr., Katy, TX 77444	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 <b>MORMAN, JACK</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/13/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joe Danna</b> 6 Contributor address; City; State; Zip Code <b>PO Box 924033 Houston, TX</b>	7 Amount of contribution (\$) <b>\$ 95.90</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9/18/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Michael Robertson</b> Contributor address; City; State; Zip Code <b>1110 Appleford Dr. Seabrook TX 77586</b>	Amount of contribution (\$) <b>\$ 95.90</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>IAN Kress</b> Contributor address; City; State; Zip Code <b>2803 Lighthouse Dr. Houston, TX 77058</b>	Amount of contribution (\$) <b>\$ 95.90</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/13/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Frank Donaghe</b> Contributor address; City; State; Zip Code <b>15806 Clearcrest Dr. Houston, TX 77059</b>	Amount of contribution (\$) <b>\$ 1,923.70</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>NORMAN, Jack</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/13/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Joseph Lloyd</i>	7 Amount of contribution (\$) <i>\$480.70</i>
6 Contributor address; City; State; Zip Code <i>4826 Palmetto St., Bellaire, TX 77401</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/13/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Patrick Parker</i>	Amount of contribution (\$) <i>\$480.70</i>
Contributor address; City; State; Zip Code <i>3779 Tanglewood Rd., Houston, TX 77005</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/13/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lee Lupler</i>	Amount of contribution (\$) <i>\$961.70</i>
Contributor address; City; State; Zip Code <i>5421 Brystone Dr., Houston, TX 77041</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/14/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Shelly Cooper</i>	Amount of contribution (\$) <i>\$95.40</i>
Contributor address; City; State; Zip Code <i>29046 Lake Houston Dr., Huffman, TX 77336</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>MORMAN, JACK</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/18/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bruce Griffith</b>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address; City; State; Zip Code <b>2203 Grace Ln., Highlands, TX 77562</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/18/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Shannon Brinkley</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>3010 Grace Ln., Highlands, TX 77562</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/18/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Craig Lane</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>13726 Pepper Knoll Dr., Houston, TX 77065</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/21/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Robert Luper</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>10102 Frio River Cide, Cypress, TX 77433</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>MORMAN, JACK</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/6/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dennis Clifford</b> 6 Contributor address; City; State; Zip Code <b>712 Main St., Ste. 900 Houston, TX 77002</b>	7 Amount of contribution (\$) <b>\$ 240.20</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11/6/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Steven Farley</b> Contributor address; City; State; Zip Code <b>1007 S. Country Club Dr., Shore Acres, TX 77571</b>	Amount of contribution (\$) <b>\$ 95.90</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/7/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Fred Flickinger</b> Contributor address; City; State; Zip Code <b>5627 Spring Lodge Dr., Kingwood, TX 77345</b>	Amount of contribution (\$) <b>\$ 240.20</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/8/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jose Dominguez</b> Contributor address; City; State; Zip Code <b>11607 Sagehollow Ln., Houston, TX 77089</b>	Amount of contribution (\$) <b>\$ 25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>MORMAN, JACK</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/9/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Danny Schnautz</i> 6 Contributor address; City; State; Zip Code <i>PO Box 5808, Pasadena, TX 77508</i>	7 Amount of contribution (\$) <i>\$ 961.70</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/10/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Steve Torres</i> Contributor address; City; State; Zip Code <i>230 E. X st., Deer Park, TX 77534</i>	Amount of contribution (\$) <i>\$ 95.50</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Howard Watson</i> Contributor address; City; State; Zip Code <i>7887 San Felipe, Ste. 122, Houston, TX 77063</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/2/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Dorothie Harding</i> Contributor address; City; State; Zip Code <i>1505 7th St., Galena Park, TX 77547</i>	Amount of contribution (\$) <i>\$ 200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 <b>MORMAN, JACK</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/14/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Hart</b> 6 Contributor address; City; State; Zip Code <b>1621 Old Orchard Ln., Seabrook, TX 77586</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kim Morgan</b> Contributor address; City; State; Zip Code <b>125 S. Hill Trace Dr., The Woodlands, TX 77381</b>	Amount of contribution (\$) <b>\$5,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Donald Johnson</b> Contributor address; City; State; Zip Code <b>6719 Nistra Dr., Pasadena, TX 77505</b>	Amount of contribution (\$) <b>\$5,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Brian Shirey</b> Contributor address; City; State; Zip Code <b>5006 Creekview Dr., LaPorte, TX 77571</b>	Amount of contribution (\$) <b>\$5,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**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  <b>NORMAN, Jack</b>		3 Filer ID (Ethics Commission Filers)
4 Date  <b>12/15/21</b>	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sylvia Smith</b></div><div>7 Amount of contribution (\$) <b>\$4809.70</b></div></div> <div style="display: flex; justify-content: space-between;"><div>6 Contributor address; City; State; Zip Code <b>86 Murphy Farm Rd., Huntsville, TX 77320</b></div></div>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)</div><div>Amount of contribution (\$)</div></div> <div style="display: flex; justify-content: space-between;"><div>Contributor address; City; State; Zip Code</div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)</div><div>Amount of contribution (\$)</div></div> <div style="display: flex; justify-content: space-between;"><div>Contributor address; City; State; Zip Code</div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)</div><div>Amount of contribution (\$)</div></div> <div style="display: flex; justify-content: space-between;"><div>Contributor address; City; State; Zip Code</div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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  
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: <u>11</u>		2 FILER NAME <u>Morman, Jack</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>7/8/21</u>		5 Payee name <u>Carole Lamont</u>			
6 Amount (\$) <u>\$5,000.00</u>		7 Payee address; City; State; Zip Code <u>170 Lakeside Dr., Montgomery, TX 77356</u>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Consulting Expense</u>		(b) Description <u>Campaign Services</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 Office sought Office held				
Date <u>8/8/21</u>		Payee name <u>Bella Fatella Photography</u>			
Amount (\$) <u>\$200.00</u>		Payee address; City; State; Zip Code <u>2307 Tacoma Ct., League City, TX 77573</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>photography for campaign material</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 Office sought Office held				
Date <u>7/29/21</u>		Payee name <u>Comenity Rewards Visa</u>			
Amount (\$) <u>\$115.69</u>		Payee address; City; State; Zip Code <u>PO Box 650960, Dallas, TX 75265</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Credit Card Payment</u>		Description <u>pay campaign expenses</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 Office sought 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.		2 FILER NAME <b>MORMAN, JACK</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>8/11/21</b>		5 Payee name <b>BARW PAC</b>			
6 Amount (\$) <b>\$900.00</b>		7 Payee address; City; State; Zip Code <b>PO Box 591692, Houston, TX 77259</b>			
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<b>Donation to Political Committee</b>		<b>campaign contribution</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>9/13/21</b>		Payee name <b>Win Red</b>			
Amount (\$) <b>\$4.10</b>		Payee address; City; State; Zip Code <b>1776 Wilson Blvd., Arlington VA</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	<b>Fundraising Expense</b>		<b>campaign services</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>9/14/21</b>		Payee name <b>KC Strategies, LLC</b>			
Amount (\$) <b>\$5,686.47</b>		Payee address; City; State; Zip Code <b>3571 Far West Blvd., St 196, Austin, TX 78731</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	<b>Consulting Expense</b>		<b>Campaign Services</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					
<div style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</div>					

# 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.	2 FILER NAME <i>Morman, Jack</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/18/21</i>	5 Payee name <i>Win Red</i>		
6 Amount (\$) <i>\$ 4.10</i>	7 Payee address; City; State; Zip Code <i>1776 Wilson Blvd, Arlington VA</i>		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fundraising expense</i>		(b) Description <i>Campaign services</i>
	(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 Office sought Office held			
Date <i>9/22/21</i>	Payee name <i>Comenity Rewards Visa</i>		
Amount (\$) <i>\$ 4981.03</i>	Payee address; City; State; Zip Code <i>PO Box 650960, Dallas, TX 75265</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>		Description <i>Campaign expenses</i>
	<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 <i>9/28/21</i>	Payee name <i>Sprint 2 Print</i>		
Amount (\$) <i>\$608.91</i>	Payee address; City; State; Zip Code <i>8748 Clay Rd, Ste. 300, Houston, TX 77536</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad Expense</i>		Description <i>Bumper Stickers</i>
	<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

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.		2 FILER NAME <i>HORMAN, Jack</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/1/21</i>		5 Payee name <i>Katy Christian Magazine</i>			
6 Amount (\$) <i>\$600.00</i>		7 Payee address, City; State; Zip Code <i>650 W. Bough, Ste. 150, Houston, TX 77024</i>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ad. Expense</i>		(b) Description <i>Political Advertising</i>		
	(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				
Date <i>10/10/21</i>		Payee name <i>Win Red</i>			
Amount (\$) <i>\$4.10</i>		Payee address; City; State; Zip Code <i>1776 Wilson Blvd., Arlington, VA</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraising Expense</i>		Description <i>Campaign Services</i>		
	<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				
Date <i>10/18/21</i>		Payee name <i>KC Strategies, LLC</i>			
Amount (\$) <i>\$32,687.45</i>		Payee address; City; State; Zip Code <i>3571 Far West Blvd., Ste. 196, Austin, TX 78731</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		Description <i>Campaign Services</i>		
	<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				
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				

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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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Horman, Jack</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/13/21</i>		5 Payee name <i>Win Red</i>			
6 Amount (\$) <i>\$ 153.20</i>		7 Payee address; City; State; Zip Code <i>1776 Wilson Blvd., Arlington VA</i>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fundraising Expense</i>		(b) Description <i>Campaign Services</i>		
	(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				
Date <i>10/14/21</i>		Payee name <i>Win Red</i>			
Amount (\$) <i>\$4.10</i>		Payee address; City; State; Zip Code <i>1776 Wilson Blvd., Arlington VA</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraising Expense</i>		Description <i>Campaign Services</i>		
	<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				
Date <i>10/19/21</i>		Payee name <i>Community Rewards Visa</i>			
Amount (\$) <i>\$ 829.02</i>		Payee address; City; State; Zip Code <i>PO Box 450960, Dallas, TX 75265</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>		Description <i>Campaign Expenses</i>		
	<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				
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				

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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: 2		2 FILER NAME <i>Norman, Jack</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/25/21</i>		5 Payee name <i>Katy Christian Magazine</i>			
6 Amount (\$) <i>\$600.00</i>		7 Payee address; City; State; Zip Code <i>650 W. Bough, Ste 150, Houston, TX 77024</i>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ad. Expense</i>		(b) Description <i>Political Advertising</i>		
	(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		Office sought Office held	
Date <i>11/1/21</i>		Payee name <i>KC Strategies, LLC</i>			
Amount (\$) <i>\$2,225.00</i>		Payee address; City; State; Zip Code <i>3571 Far West Blvd, Ste. 196, Austin, TX 78731</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		Description <i>Campaign Services</i>		
	<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 <i>11/4/21</i>		Payee name <i>Kingwood Tee Party, Inc.</i>			
Amount (\$) <i>\$2,500.00</i>		Payee address; City; State; Zip Code <i>2261 Northpark Dr. # 109, Kingwood, TX 77339</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation Made by Candidate</i>		Description <i>Campaign Contribution</i>		
	<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

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>2</b> FILER NAME <i>Morman, Jack</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>11/16/21</i>		<b>5</b> Payee name <i>Win Red</i>			
<b>6</b> Amount (\$) <i>\$ 13.90</i>		<b>7</b> Payee address;		City;	State; Zip Code
<b>8</b>  PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Fundraising expense</i>		(b) Description <i>Campaign services</i>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held			
Date <i>11/17/21</i>		Payee name <i>Win Red</i>			
Amount (\$) <i>\$9.80</i>		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Fundraising Expense</i>		Description <i>Campaign services</i>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate / Officeholder name      Office sought      Office held			
Date <i>11/19/21</i>		Payee name <i>Win Red</i>			
Amount (\$) <i>\$38.30</i>		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Fundraising expense</i>		Description <i>Campaign services</i>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate / Officeholder name      Office sought      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.		2 FILER NAME <b>MORMAN, JACK</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/10/21</b>		5 Payee name <b>Win Red</b>			
6 Amount (\$) <b>\$4.10</b>		7 Payee address; City; State; Zip Code <b>1776 Wilson Blvd., Arlington, VA</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fundraising Expense</b>		(b) Description <b>Campaign Services</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>11/18/21</b>		Payee name <b>Hett Schultz</b>			
Amount (\$) <b>\$500.00</b>		Payee address; City; State; Zip Code <b>16315 Cypress Point Dr., Cypress, TX 77429</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>consulting expense</b>		Description <b>Campaign Services</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>11/19/21</b>		Payee name <b>Harris County Republican Primary</b>			
Amount (\$) <b>\$1,250.00</b>		Payee address; City; State; Zip Code <b>8588 Katy Fwy., Ste. 445, Houston, TX 77024</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fee</b>		Description <b>Candidate Filing Fee</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				
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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:		2 FILER NAME <i>Horman, Jack</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/14/21</i>		5 Payee name <i>Comenity Rewards Visa</i>			
6 Amount (\$) <i>\$1,202.61</i>		7 Payee address; City; State; Zip Code <i>PO Box 650960, Dallas, TX 75265</i>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>		(b) Description <i>Campaign Expenses</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<div style="display: flex; justify-content: space-between;"> <div>9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>				
Date <i>11/30/21</i>		Payee name <i>Randy Meadows</i>			
Amount (\$) <i>\$250.00</i>		Payee address; City; State; Zip Code <i>4212 Wyatt, Pasadena, TX 77503</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>Entertainment</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>				
Date <i>12/14/21</i>		Payee name <i>Stacey Bush</i>			
Amount (\$) <i>\$315.39</i>		Payee address; City; State; Zip Code <i>8040 N. FM 565, Baytown, TX 77532</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>Supplies</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>				

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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:		2 FILER NAME <i>Norman, Jack</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/14/21</i>		5 Payee name <i>Subway</i>			
6 Amount (\$) <i>\$975.00</i>		7 Payee address; City; State; Zip Code <i>103 S. Main, Highlands, TX 77562</i>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>Food</i>		
	(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				
Date <i>12/14/21</i>		Payee name <i>Katy Christian Magazine</i>			
Amount (\$) <i>\$600.00</i>		Payee address; City; State; Zip Code <i>650 W. Bough, Ste. 150, Houston, TX 77024</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad. Expense</i>		Description <i>Political Advertising</i>		
	<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				
Date <i>12/15/21</i>		Payee name <i>Win Red</i>			
Amount (\$) <i>\$190.30</i>		Payee address; City; State; Zip Code <i>1776 Wilson Blvd., Arlington, VA</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraising Expense</i>		Description <i>Campaign Services</i>		
	<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				
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  
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:	2 FILER NAME <i>Morman, Jack</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/17/21</i>	5 Payee name <i>Matt Schultz</i>	
6 Amount (\$) <i>\$200.00</i>	7 Payee address; City; State; Zip Code <i>16315 Cypress Point Dr., Cypress, TX 77429</i>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	
	(b) Description <i>Campaign Services</i>	
	(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 <i>12/17/21</i>	Payee name <i>Comenity Rewards Visa</i>	
Amount (\$) <i>\$2,729.98</i>	Payee address; City; State; Zip Code <i>PO Box 650960, Dallas, TX 75265</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>	
	Description <i>Campaign Expenses</i>	
	<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	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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  
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 F4: <b>9</b>		2 FILER NAME <b>MORMAN, JACK</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ <b>2,926.88</b>	
5 Date <b>7/23/01</b>		6 Payee name <b>Dell Technologies</b>			
7 Amount (\$) <b>\$2,446.40</b>		8 Payee address; City; State; Zip Code <b>1 Dell Way, Round Rock, TX 78682</b>			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		<b>Office Overhead</b>		<b>Campaign Computer</b>	
		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>7/30/21</b>		Payee name <b>Office Depot</b>			
Amount (\$) <b>\$378.11</b>		Payee address; City; State; Zip Code <b>3931 Fairway Plaza Dr., Pasadena, TX 77505</b>			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		<b>Office Overhead</b>		<b>Campaign Office Supplies</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					
Candidate / Officeholder name		Office sought		Office held	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>					



**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**

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

**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/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 F4:	2 FILER NAME <i>MORMAN, JACK</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
5 Date <i>8/3/21</i>	6 Payee name <i>Dell Technologies</i>	
7 Amount (\$) <i>\$15.14</i>	8 Payee address, <i>1 Dell Way, Round Rock, TX 78682</i>	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>office overhead</i>	(b) Description <i>computer equipment</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8/20/21</i>	Payee name <i>Enterprise</i>	
Amount (\$) <i>\$1,365.58</i>	Payee address; <i>123 W. Bay Area Blvd., Webster, TX 77598</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Transportation Equipment</i>	Description <i>Campaign Rental Vehicle</i>
	<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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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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  
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 F4:		2 FILER NAME <i>NORMAN, Jack</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date <i>9/12/21</i>		6 Payee name <i>BJ's Restaurant</i>			
7 Amount (\$) <i>\$209.50</i>		8 Payee address; <i>515 W. Bay Area Blvd., Webster, TX 77598</i>		City; State; Zip Code	
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food/Bev. Expense</i>		(b) Description <i>mtg. to discuss campaign issues</i>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(c) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9/20/21</i>		Payee name <i>Office Depot</i>			
Amount (\$) <i>\$25.96</i>		Payee address; <i>3931 Fairway Plaza Dr., Pasadena, TX 77505</i>		City; State; Zip Code	
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>		Description <i>Campaign office supplies</i>	
		<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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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME <i>Morman, Jack</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$	
<b>5</b> Date <i>10/22/21</i>	<b>6</b> Payee name <i>Wal-Mart</i>			
<b>7</b> Amount (\$) <i>\$198.00</i>	<b>8</b> Payee address; <i>9025 Spencer, LaPorte, TX 77571</i>		City;	State; Zip Code
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fundraising Expense</i>		<b>(b)</b> Description <i>Supplies for fundraiser</i>	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held

Date <i>10/25/21</i>	Payee name <i>Sam's Club</i>			
Amount (\$) <i>\$242.48</i>	Payee address; <i>11101 Fugua, Houston, TX 77089</i>		City;	State; Zip Code
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraising Expense</i>		Description <i>Supplies for fundraiser</i>	
	<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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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME MORMAN, JACK	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 10/26/21	<b>6</b> Payee name Academy	
<b>7</b> Amount (\$) \$454.62	<b>8</b> Payee address, City, State, Zip Code 4627 E. Sam Houston Pkwy., Pasadena, TX 77505	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Supplies for fundraiser
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/27/21	Payee name La Griglia
Amount (\$) \$375.00	Payee address; City, State, Zip Code 2002 W. Gray, Houston, TX 77019
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense
	Description Food + Beverage
(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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**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/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.

<b>1</b> Total pages Schedule F4:		<b>2</b> FILER NAME Morman, Jack		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
<b>5</b> Date 10/28/21		<b>6</b> Payee name One Stop Tents & Events			
<b>7</b> Amount (\$) \$299.85		<b>8</b> Payee address; 18217 Hwy 3, Webster, TX 77598 City; State; Zip Code			
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising Expense		<b>(b)</b> Description Supplies for fundraiser	
		<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
		Office held			
<b>Date</b> 11/4/21		<b>Payee name</b> Academy			
<b>Amount (\$)</b> \$189.98		<b>Payee address;</b> 4627 E. Sam Houston Pkwy., Pasadena, TX 77505 City; State; Zip Code			
<b>TYPE OF EXPENDITURE</b>		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Fundraising Expense		<b>Description</b> Supplies for fundraiser	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought	
		Office held			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 11/5/21	6 Payee name Sam's Club	
7 Amount (\$) \$308.54	8 Payee address; City; State; Zip Code 11101 Fuqua, Houston, TX 77089	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description supplies for fundraiser
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 10/31/21	Payee name El Toro	
Amount (\$) \$113.31	Payee address; City; State; Zip Code 616 W. Main, La Porte, TX 77571	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Bev. Expense	Description mtg. to discuss campaign issues
	<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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**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/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.

<b>1</b> Total pages Schedule F4:		<b>2</b> FILER NAME <i>Norman, Jack</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
<b>5</b> Date <i>11/28/21</i>		<b>6</b> Payee name <i>El Toro</i>			
<b>7</b> Amount (\$) <i>\$110.78</i>		<b>8</b> Payee address; <i>666 W. Main, La Porte, TX 77571</i> City; State; Zip Code			
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Food / Bev. Expense</i>		<b>(b)</b> Description <i>mtg. to discuss campaign issues</i>	
		<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>10/24/21</i>		Payee name <i>Shell</i>			
Amount (\$) <i>\$67.58</i>		Payee address; <i>3124 S. Broadway, La Porte, TX 77571</i> City; State; Zip Code			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Travel in District</i>		Description <i>gasoline to/from campaign events</i>	
		<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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  
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 F4:	2 FILER NAME <i>Morman, Jack</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>10/27/21</i>	6 Payee name <i>Shell</i>	
7 Amount (\$) <i>\$73.77</i>	8 Payee address; <i>3124 S. Broadway, La Porte, TX 77571</i>	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Travel in District</i>	(b) Description <i>Gas to/from Campaign events</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>11/16/21</i>	Payee name <i>Shell</i>	
Amount (\$) <i>\$56.85</i>	Payee address; <i>3124 S. Broadway, La Porte, TX 77571</i>	City; State; Zip Code
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel in District</i>	Description <i>Gas to/from campaign events</i>
	<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		



# UNITED STATES PRIORITY MAIL

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CERTIFIED MAIL®



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For details regarding claims exclusions see the Domestic

Statement of Insurance form is required.

For details regarding claims exclusions see the Domestic  
[usps.com](http://usps.com) for availability and limitations of coverage.

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FROM:

JACK NORMAN  
 1214 S. Country Club  
 Shoreacres, TX 77571

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ELECTIONS ADMINISTRATOR  
 HARRIS COUNTY, TEXAS

TO:

Harris County Elections Administrators Office  
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