

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: **2**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Noralinda	MI	OFFICE USE ONLY			
	NICKNAME Norie	LAST Gonzalez Garza	SUFFIX	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> <p style="margin:0;">Date Received</p> <p style="font-size: 2em; color: blue; margin:0;">RECEIVED</p> <p style="font-size: 1.2em; color: red; margin:0;">JUL 15 2024</p> <p style="font-size: 0.8em; margin:0;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: 0.8em; margin:0;">Receipt #</p> <p style="font-size: 0.8em; margin:0;">Amount \$</p> <p style="font-size: 0.8em; margin:0;">Date Processed</p> <p style="font-size: 0.8em; margin:0;">Date Imaged</p> </div>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; PO Box 1886	APT / SUITE #; Mission	CITY; TX			STATE; TX	ZIP CODE 78573
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 605-7142	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Aissa	MI I				
	NICKNAME	LAST Garza	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); 2110 Turtle Lane		APT / SUITE #;	CITY; Mission	STATE; TX	ZIP CODE 78572	
	(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 532-4772	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	1	1	24		6	30	24
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	Primary	<input checked="" type="checkbox"/> Runoff	Other Description	
	6	11	22	<input checked="" type="checkbox"/> General	Special		
12 OFFICE	OFFICE HELD (if any) City Council Place 3			13 OFFICE SOUGHT (if known) Mayor			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

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15 C/OH NAME Noralinda Gonzalez Garza		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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 80,000.00

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.

Norie Gonzalez Garza
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by Norie Gonzalez Garza this the 15th day of July, 2020 to certify which, witness my hand and seal of office.

Anna Carrillo Anna Carrillo Notary
Signature of officer administering oath Printed name of officer administering oath 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)