

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME John Norwood **15 ACCOUNT # (Ethics Commission Filers)** N/A

16 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<p>COMMITTEE NAME <u>N/A</u></p> <p>COMMITTEE ADDRESS</p> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p>
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additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>N/A</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,100</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>N/A</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8,337.86</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>8,619.04</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>500</u>

18 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Norwood, this the 1 day of May, 20 15, to certify which, witness my hand and seal of office.

Lajeana M. Thomas Lajeana M. Thomas Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1		2 FILER NAME John Norwood		3 ACCOUNT # (Ethics Commission Filers) N/A	
4 Date 04.27.15		5 Payee name Phillip Clay Russell			
6 Amount (\$) 75.48		7 Payee address; City; State; Zip Code 12427 Veronica Circle Farmers Branch, TX 75234			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Sign Installation <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name N/A		Office sought Office held 	
Date 04.27.15		Payee name Murphy Nasica			
Amount (\$) 3,350		Payee address; City; State; Zip Code 815-A Brazos Street Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Grassroots Planning <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name N/A		Office sought Office held 	
Date 04.27.15		Payee name Murphy Nasica			
Amount (\$) 2,605.48		Payee address; City; State; Zip Code 815-A Brazos Street Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Mailer Printing and Postage <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 04.27.15		Payee name Murphy Nasica			
Amount (\$) 250		Payee address; City; State; Zip Code 815-A Brazos Street Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Management <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name N/A		Office sought Office held 	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel in District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME John Norwood	3 ACCOUNT # (Ethics Commission Filers) N/A
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4 Date 04.15.15	5 Payee name Four Corners Cafe
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6 Amount (\$) 10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 13260 Josey Lane Farmers Branch, Tx 75234
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 04.17.15	Payee name Outta the Oven
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Amount (\$) 8.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7979 N. Macarthur Blvd Irving, Tx 75063
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food./Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 04.17.15	Payee name Outta The Oven
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Amount (\$) 29.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7979 N. Macarthur Blvd Irving, Tx 75063
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 04.13.15	Payee name Janie Stark PTA
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Amount (\$) 50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 12400 Josey Lane Dallas, Tx 75234
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Community Donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME John Norwood	3 ACCOUNT # (Ethics Commission Filers) N/A
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4 Date 04.15.15	5 Payee name Keekopy, Inc.
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6 Amount (\$) 673.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 15072 Beltway Drive Addison, Tx 75001
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Mailer <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 04.15.15	Payee name Keekopy, Inc.
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Amount (\$) 43.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 15072 Beltway Drive Addison, Tx 75001
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Flyers <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 04.15.15	Payee name Keekopy, Inc.
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Amount (\$) 1,241.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 15072 Beltway Drive Addison, Tx 75001
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Postage for mailer <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME John Norwood		3 ACCOUNT # (Ethics Commission Filers) N/A	
4 Date 04.08.15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas and Robbie Bohmier	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2949 Maydelle Lane Farmers Branch, TX 75234		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) N/A		10 Employer (See Instructions) N/A	
Date 04.15.15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serena and Tom Connelly	Amount of contribution (\$) 1,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3156 Brookhollow Drive Farmers Branch, Tx 75234		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 04.09.15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol and Joseph Dingman	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13223 Glad Acres Drive Dallas, Tx 75234		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 04.25.15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of the Branch	Amount of contribution (\$) 5,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 810565 Farmers Branch, Tx 75381		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.