

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Norbert NICKNAME Geremy LAST Landin SUFFIX	MI	<div style="text-align: center; border: 1px solid black; padding: 5px;"><b>OFFICE USE ONLY</b></div> <p>Date Received <b>Received via email on 4/28/23 at 6:06pm</b></p> <hr/> <p>Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 70%;">Receipt #</td> <td style="border: none; width: 30%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  3043 W. Houston San Antonio, TX 78207								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 210 ) 758-1244								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Sandy NICKNAME Quinones LAST SUFFIX	MI							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  3022 W. Travis San Antonio, TX 78207								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 210 ) 663-4899								
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 type="checkbox"/> July 15 <input checked="" 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      Month Day Year 3 / 27 / 23      THROUGH      4 / 27 / 23								
11 ELECTION	ELECTION DATE Month Day Year 5 / 06 / 23	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) SAISD Board Trustee 6							
14 NOTICE FROM POLITICAL COMMITTEE(S)  <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.								
<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME San Antonio Kids First PAC							
	COMMITTEE ADDRESS	4007 McCullough Avenue, San Antonio, TX 78212							
	COMMITTEE CAMPAIGN TREASURER NAME	Sarah Harte							
	COMMITTEE CAMPAIGN TREASURER ADDRESS	4007 McCullough Avenue, San Antonio, TX 78212							

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15. C/OH NAME Norbert "Jeremy" Landin		16. Filer ID (Ethics Commission Filer)
17. CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,182.38
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,887.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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) (county)  
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 Norbert "Geremy" Landin		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	€ '24,182.38
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	€ 19,887.63
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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:
2 FILER NAME Geremy Landin		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annette Castillo 6 Contributor address; City; State; Zip Code 15711 Thrush Gate Lane San Antonio TX 78248	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos M Navarro DBA Contributor address; City; State; Zip Code PO Box 7283 San Antonio TX 78207	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Guerrero Contributor address; City; State; Zip Code 3915 Skylark San Antonio TX 78210	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane Macon Contributor address; City; State; Zip Code 300 Convent Street 2700 San Antonio TX 78205	Amount of contribution (\$) \$1000
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.		

# 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>Jeremy Landin</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/20/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kristen Mast</b> 6 Contributor address; City; State; Zip Code <b>335 Bailey Ave San Antonio TX 78210</b>	7 Amount of contribution (\$) <b>\$100</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/26/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leticia Sanchez</b> Contributor address; City; State; Zip Code <b>2718 Monterey Street San Antonio TX 78207</b>	Amount of contribution (\$) <b>\$100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/11/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marissa Alvarado</b> Contributor address; City; State; Zip Code <b>2914 CHIHUAHUA ST SAN ANTONIO TX 78207</b>	Amount of contribution (\$) <b>\$25</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/23/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Stahl</b> Contributor address; City; State; Zip Code <b>21715 Chaucer Hill San Antonio TX 78256</b>	Amount of contribution (\$) <b>\$50</b>
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.		



# 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 <p style="text-align: center;">Jeremy Landin</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">4/17/23</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Robert R. Puente</p> 6 Contributor address; City; State; Zip Code <p style="text-align: center;">8138 Donore Place San Antonio TX 78229</p>	7 Amount of contribution (\$)  <p style="text-align: center;">\$250</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="text-align: center;">4/17/23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">SA Kids First</p> Contributor address; City; State; Zip Code <p style="text-align: center;">4007 McCullough Avenue San Antonio TX 78212</p>	Amount of contribution (\$)  <p style="text-align: center;">\$22007.38</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">4/26/23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Stonewall Democrats Of San Antonio</p> Contributor address; City; State; Zip Code	Amount of contribution (\$)  <p style="text-align: center;">\$200</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 F1:	<b>2</b> FILER NAME Norbert "Geremy" Landin	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/24/23	<b>5</b> Payee name THE HOME DEPOT #6529	
<b>6</b> Amount (\$) 81.05	<b>7</b> Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expenses	<b>(b)</b> Description Sign Supplies
	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 4/24/23	Payee name SAWASDEE THAI CUISINE	
Amount (\$) 35.31	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Volunteer Lunch	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
Date 4/21/23	Payee name Henry Avila	
Amount (\$) 100	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Signs	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

**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	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 Norbert "Jeremy" Landin	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/19/23	<b>5</b> Payee name BILL MILLER BAR-B-Q	
<b>6</b> Amount (\$) 14.02	<b>7</b> Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Volunteer Lunch	<b>(b)</b> Description
	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/19/23	Payee name PHILOCOFFEE	
Amount (\$) 3.44	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Blockwalk Coffee	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
Date 4/21/23	Payee name CSG	
Amount (\$) 3393.06	Payee address; City; State; Zip Code 212 W Laurel San Antonio, TX 78213	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Mailers	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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# 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 Norbert "Geremy" Landin	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/17/23	<b>5</b> Payee name TYCOON FLATS	
<b>6</b> Amount (\$) 25.17	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Volunteer Lunch	<b>(b)</b> Description
	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/10/23	Payee name RECLAIM HOSTING	
Amount (\$) 50	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	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
Date 4/10/23	Payee name Jennifer Longoria	
Amount (\$) 1025.94	Payee address; City; State; Zip Code 403 Basswood Dr. San Antonio TX 78213	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Canvassers	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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# 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 Norbert "Jeremy" Landin	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/6/23	<b>5</b> Payee name BILL MILLER BAR-B-Q -	
<b>6</b> Amount (\$) 15.19	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Volunteer Lunch	<b>(b)</b> Description
	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 4/10/23	Payee name HEB	
Amount (\$) 160.00	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Volunteer Event	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
Date 4/10/23	Payee name Jennifer Longoria	
Amount (\$) 1250	Payee address; City; State; Zip Code 403 Basswood Dr. San Antonio TX 78213	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	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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# 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 Norbert "Geremy" Landin	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/3/23	<b>5</b> Payee name Henry Avila	
<b>6</b> Amount (\$) 300	<b>7</b> Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Sign Installation
	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/5/23	Payee name Dianas Burgers	
Amount (\$) 10.47	Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Meeting	Description Tejano Dems Event
	<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 4/5/23	Payee name Tejano Democrats	
Amount (\$) 20.00	Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Membership
	<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

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                        | 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 Norbert "Geremy" Landin	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/29/2023	<b>5</b> Payee name CSG	
<b>6</b> Amount (\$) \$1,549.46	<b>7</b> Payee address; City; State; Zip Code 212 W Laurel San Antonio TX 78212	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description
	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 4/3/23	Payee name Ryan Landin	
Amount (\$) 40	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Canvassing	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
Date 4/3/23	Payee name Wingstop	
Amount (\$) 34.51	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Volunteer Event	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

**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                        | 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 Norbert "Geremy" Landin	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/26/23	<b>5</b> Payee name HARLAND CLARKE CHK ORDER	
<b>6</b> Amount (\$) 28.95	<b>7</b> Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead	<b>(b)</b> Description Checks
	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 4/26/23	Payee name Mailchimp	
Amount (\$) 28.25	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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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