#### CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST OFFICE USE ONLY 3 CANDIDATE/ OFFICEHOLDER Norbert NAME Date Received NICKNAME LAST Geremy Landin Received via email STATE: ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: on 4/28/23 at 6:06pm **OFFICEHOLDER** MAILING 3043 W. Houston San Antonio, TX 78207 **ADDRESS** Change of Address Date Hand-delivered or Date Postmarked EXTENSION PHONE NUMBER 5 CANDIDATE AREA CODE OFFICEHOLDER (210) 758-1244 PHONE Amount \$ Receipt # MS / MRS / MR 6 CAMPAIGN Sandy TREASURER Date Processed NAME SUFFIX NICKNAME Date Imaged Quinones STATE STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE # CAMPAIGN TREASURER **ADDRESS** 3022 W. Travis San Antonio, TX 78207 (Residence or Business) PHONE NUMBER EXTENSION AREA CODE 8 CAMPAIGN TREASURER 663-4899 PHONE (210) 15th day after campaign 9 REPORT TYPE Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) X 8th day before election July 15 Reporting Limit 10 PERIOD Month COVERED 27 23 3 27 23 4 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Month Description X General Special 06 23 5 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE SAISD Board Trustee 6 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE San Antonio Kids First PAC COMMITTEE ADDRESS X GENERAL 4007 McCullough Avenue, San Antonio, TX 78212 Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC Sarah Harte COMMITTEE CAMPAIGN TREASURER ADDRESS 4007 McCullough Avenue, San Antonio, TX 78212 **GO TO PAGE 2**

		REPORT	CO		
S CIGH NAME NO	rbert "Geremy" Lan	din	16 Fier I	D (Ethica Com	nasce Flars)
TOTALS	PLEOGES.	TEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN LOANS, OR GUARANTEES OF LOANS, OR TIONS MADE ELECTRONICALLY)		S	
		LITICAL CONTRIBUTIONS RV PLEDGES, LOANS, OR GUARANTEES OF LOANS		\$ \$24.	182.38
EXPENDITURE TOTALS	3. 707AL UM1	FEMIZED POLITICAL EXPENDITURE.		S	
	4. TOTAL PO	LITICAL EXPENDITURES		\$ \$19,8	87.63
CONTRIBUTION BALANCE		ITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA	ST DAY	S	
OUTSTANDING LOAN TOTALS		NCIPAL AMOUNT OF ALL DUTSTANDING LOANS AS O	FTHE	\$	
	F	Please complete either option below	w:		
	F	Please complete either option below	w:		
1) Affidavit	ı	Please complete either option below	w:		
(1) Affidavit NOTARY STAMP/SEA		Please complete either option below	w:		
NOTARY STAMP/SEA	before me by	Sizs Tre	N:		
NOTARY STAMP/SEA	before me by	Sizs Tre			
	before me bywhich, witness my hand a	Sizs Tre		day of	administering path
NOTARY STAMP/SEA Sworn to and subscribed to, to certify	before me bywhich, witness my hand a	this the and seal of office.		day of	administening path
NOTARY STAMP/SEA Sworn to and subscribed to, to certify	before me by which, witness my hand a ring own	this the and seal of office.  Printed name of officer administering oath		day of	administenag pach
NOTARY STAMP/SEA worm to and subscribed 0, to certify greature of officer administe ) Unsworn Declaration	before me bywhich, witness my hand a ning oath	this the and seal of office.  Printed name of officer administering path  OR		day of	administering path
NOTARY STAMP/SEA	before me bywhich, witness my hand a ning oath	this the and seal of office.  Printed name of officer administering oath		day of	administering path
NOTARY STAMP/SEA worn to and subscribed  O, to certify grature of officer administe  Unsworn Declaration name is	before me bywhich, witness my hand a ning oath	this the and seal of office.  Printed name of officer administering eath  OR  and my date of birth	15	day of	
NOTARY STAMP/SEA iwom to and subscribed  O, to certify gnature of officer administe  Unisworn Declaration name is raddress is	before me by which, witness my hand a ring oath	this the and seal of office.  Printed name of officer administering eath  OR  and my date of birth	(state)	day of	administering path
NOTARY STAMP/SEA liver to and subscribed to, to certify greture of officer administe by Unisworn Declaration	before me by which, witness my hand a ring oath		(state)	day of	(country)

## 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
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	£ 124,182.38
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	S
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	S
4. SCHEDULE E: LOANS	S
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS \$ 19,887.63
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	S
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s s
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	USINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED \$

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

The	Instruction Guide explains how to complete this for	1 Total pages Schedule A1:
FILER NAME	Geremy Landin	3 Filer ID (Ethics Commission Filers)
Date 3/27/23	5 Full name of contributor out-of-state PAC (ID# Annette Castillo  6 Contributor address; City; S 15711 Thrush Gate Lane San Antoni	ate; Zip Code
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date 4/17/23	Full name of contributor out-of-state PAC (ID#:  Carlos M Navarro DBA  Contributor address; City; S  PO Box 7283 San Antonio TX 78207	57.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date 4/11/23	Full name of contributor out-of-state PAC (ID# Debra Guerrero  Contributor address; City; S 3915 Skylark San Antonio TX 78210	\$250
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date 4/17/23	Full name of contributor	ate, Zip Code \$1000
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
	ATTACH ADDITIONAL COPIES OF T	

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAM	E Geremy Landin	3 Filer ID (Ethics Commission Filers)
4/20/23	5 Full name of contributor	7 Amount of contribution (S) \$100
Principal oc	cupation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date 4/26/23	Full name of contributor	Amount of contribution (\$) \$100
Principal occ	upation / Job title (See Instructions) Employer (See Instruc	itions)
Date 4/11/23	Full name of contributor   out-of-state PAC (ID#:)  Marissa Alvarado  Contributor address; City; State; Zip Code  2914 CHIHUAHUA ST SAN ANTONIO TX 78207	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions) Employer (See Instruc	tions)
Date 4/23/23	Full name of contributor	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	tions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Geremy Landin 7 Amount of contribution (\$) 4 Date Out-of-state PAC (ID#: 5 Full name of contributor Robert R. Puente 6 Contributor address; City; State, Zip Code \$250 8138 Donore Place San Antonio TX 78229 4/17/23 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#\_ Amount of contribution (\$) Date SA Kids First 4/17/23 \$22007.38 Contributor address; State; Zip Code City, 4007 McCullough Avenue San Antonio TX 78212 Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_ Amount of contribution (\$) Full name of contributor Date Stonewall Democrats Of San Antonio \$200 State, Zip Code 4/26/23 Contributor address; City; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#\_ State; Zip Code City; Contributor address; Employer (See Instructions) Principal occupation / Job title (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.

### SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Norbert "Geremy"	Landin	3 Filer ID (Ethics Commission Filers)
4 Date 4/24/23	5 Payee name THE HOME DEPO	T #6529	
6 Amount (\$) 81.05	7 Payee address;	City;	State, Zip Code
8  PURPOSE  OF  EXPENDITURE	(a) Category (See Categories listed at the top of this se  Advertising Expenses		Sign Supplies
9 Complete ONLY if direct expenditure to benefit C/Oh	(c) Check if travel outside of Texas. Complete Sch Candidate / Officeholder name	Office sought	
Date 4/24/23	Payee name SAWASDEE THAI CUISINE		
Amount (\$) 35.31	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch  Volunteer Lunch	Description	
	Check if travel outside of Texas, Complete Scho	edule T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	· Office held
Date 4/21/23	Payee name Henry Avila	* 2	
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	edule) Description	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Event Expense Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel Out Of District Other (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Norbert "Geremy" Landin 5 Payee name 4/19/23 BILL MILLER BAR-B-Q State, Zip Code 6 Amount (\$) City; 7 Payee address; 14.02 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Volunteer Lunch OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date PHILOCOFFEE 4/19/23 City; State: Zip Code Amount (\$) Payee address; 3.44 Category (See Categories listed at the top of this schedule) Description PURPOSE Blockwalk Coffee EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name CSG 4/21/23 Payee address; City; State: Zip Code Amount (\$) 212 W Laurel San Antonio, TX 78213 3393.06 Category (See Categories listed at the top of this schedule) Description PURPOSE Mailers OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Other (enter a category not listed above) Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norbert "Geremy" Landin 4 Date 5 Payee name 4/17/23 TYCOON FLATS 6 Amount (\$) Zip Code 7 Payee address; City; 25.17 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Volunteer Lunch **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 4/10/23 **RECLAIM HOSTING** State Zin Code Amount (\$) Payee address; City; 50 Category (See Categories listed at the top of this schedule) Description PURPOSE Fees OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Jennifer Longoria 4/10/23 Amount (\$) Payee address, Zip Code 403 Basswood Dr. San Antonio TX 78213 1025.94 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Canvassers Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
vertising Expense ounting/Banking isulting Expense intibutions/Donations Made B andidate/Officeholder/Politic ill Card Payment	Fees Office Food/Beverage Expense Polli By Gift/Awards/Memonals Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor w to complete this form,	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
otal pages Schedule F1	2 FILER NAME Norbert "Geremy" Lar	ndin	3 Filer ID (Ethics Commission Filers)
ate 4/6/23	5 Payee name BILL MILLER BAR-B-0	Q -	
mount (\$) 15.19	7 Payee address;	City,	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	(b) Description	
omplete <u>ONLY</u> if direct spenditure to benefit C/O	(c) Check if travel outside of Texas. Complete Schedule  Candidate / Officeholder name  H	Office sought	Office held
ate 4/10/23	Payee name HEB		
mount (\$) 160.00	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule  Volunteer Event	Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
implete <u>ONLY</u> if direct penditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
4/10/23	Payee name Jennifer Longoria		
250	Payee address; 403 Basswood Dr. San Antonio	City; o TX 78213	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule  Consulting		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living expense
nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
OF EXPENDITURE	Consulting  Check if travel outside of Texas. Complete Schedule  Candidate / Officeholder name	T. Check if	Austi

### SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense j Expense s/Wages/Contract Labor o complete this form,	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME Norbert "Geremy" Landi	n	3 Filer ID (Ethics Commission Filers)
4 Date 4/3/23	5 Payee name Henry Avila		
6 Amount (\$)	7 Payee address;	City;	State, Zip Code
300			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense Sign Installation		
	(c) Check if travel outside of Texas. Complete Schedula T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY 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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Meeting	Description Tejano [	Dems Event
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/5/23	Tejano Democrats		
Amount (\$) 20.00	Payee address,	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Membe	ership
	Check if travel outside of Texas. Complete Schedule T,	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	S SCHEDULE AS NEE	DED

### 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 Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form, 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Norbert "Geremy" Landin 4 Date 3/29/2023 5 Payee name CSG Zip Code 6 Amount (\$) City; State: 7 Payee address; \$1,549.46 212 W Laurel San Antonio TX 78212 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Ryan Landin 4/3/23 State; Zip Code City; Amount (\$) Payee address; 40 Description Category (See Categories listed at the top of this schedule) PURPOSE Canvassing EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Wingstop 4/3/23 City; Zip Code State; Amount (\$) Payee address; 34.51 Description Category (See Categories listed at the top of this schedule) PURPOSE Volunteer Event EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T.

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

### SCHEDULE F1

	<b>EXPENDITURE CATEGORIES</b>	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex  Gift/Awards/Memorials Expense Printing E	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME Norbert "Geremy" Landin	1	3 Filer ID (Ethics Commission Filers)
4 Date 4/26/23	5 Payee name HARLAND CLARKE CHI	K ORDER	
6 Amount (\$) 28.95	7 Payee address;	City;	State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Office Overhead	(4)	hecks
9 Complete ONLY if direct expenditure to benefit C/Oh	(c) Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Office sought	Office held
Date 4/26/23	Payee name  Mailchimp		
Amount (\$) 28.25	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	1	
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
200	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held