

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
MR Norris —
NICKNAME LAST SUFFIX
Stretch Rideaux —

OFFICE USE ONLY

Date Received

RECEIVED DALLAS
COUNTY ELECTIONS
2018 FEB 27 03:30 PM

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
503 Cooper St
Grand Prairie, TX 75052

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
MR. Brian B
NICKNAME LAST SUFFIX
Dubiski

Receipt #

HD / PM Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
4717 Linden
Bell ARE, TX 77401

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 907 8944 —

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
2 / 2 / 18 THROUGH 2 / 24 / 18

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 6 / 18 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
Justice of the Peace 4-1 Justice of the Peace 4-1

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Norris Street Rideaux 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

**** This box is for notice of political expenditures 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 <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,200
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,241.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 939.
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 31,398.29

19 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.

Norris Street Rideaux
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP & SEAL ABOVE

Sworn to and subscribed before me, by the said Norris Rideaux, this the 27th day of February, 2018, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Belinda Castellanos Printed name of officer administering oath
Justice of the Peace Clerk Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

2 FILER NAME

Noans Shelby Ridenour

1 Total pages Schedule F:

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2-13-18

Hometown Direct Mail

79.27

6 Payee address; City; State; Zip Code
903 N. Bowser Rd Ste 124
Richardson, TX. 75081

8 Purpose of payment (See instructions regarding type of information required.)

Advertisement - Push Cards

9

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

2-13-18

Hometown Direct Mail

5,382

6 Payee address; City; State; Zip Code
903 N. Bowser Rd Ste 124
Richardson, TX. 75081

Purpose of payment (See instructions regarding type of information required.)

Mailers, Prints, Postage

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

2-15-18

Koumri Wallace

\$350.00

6 Payee address; City; State; Zip Code
Duncanville, TX.

Purpose of payment (See instructions regarding type of information required.)

Photo and signs advertisement

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

2-19-18

Hometown Direct Mail

\$2,178.66

6 Payee address; City; State; Zip Code
903 N. Bowser Rd 124
Richardson, TX. 75081

Purpose of payment (See instructions regarding type of information required.)

Mailers/advertisement

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME <i>Norris Shelah Rideaux</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>2-6-19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>Linchamper, Gossow, Blami</i>	7 Amount of contribution (\$) <i>5,000.</i>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <i>P.O. Box 17428 Austin, TX. 78760</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>ATTORNEYS</i>		10 Employer (See Instructions) <i>Linchamper, Gossow, Blami, Gussow</i>	
Date <i>2-7-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>Chamber Lindsey</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <i>4616 Weehaven Dr Dallas, TX. 75232</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>EDUCATOR</i>		Employer (See Instructions)	
Date <i>2-15-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>Susann Simpson</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <i>3717 Bluegrass Dr Grand Prairie, TX. 75052</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>EDUCATOR</i>		Employer (See Instructions)	
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)	
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)	

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G

2 FILER NAME

Norris Redman

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-18-18

5 Payee name

Tilt Talents

8 Amount (\$)

3252.78

6 Payee address: City: State: Zip Code

Leesburg, TX

7 Purpose of expenditure (See instructions regarding type of information required.)

Campagna Signs + IT-frames

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED