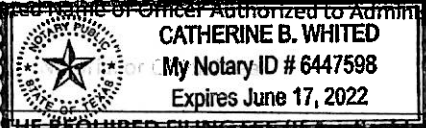


APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL¹ Failure to provide required information may result in rejection of application

APPLICATION FOR A PLACE ON THE <u>May 7, 2022</u>			GENERAL ELECTION BALLOT		
TO: City Secretary/Secretary of Board (name of election)					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) Keller ISD Board of Trustees Place 2				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) Julie A Nors			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* Julie Nors		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) 1921 Wellington Ct.			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)		
CITY Keller	STATE TX	ZIP 76248	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)		OCCUPATION (Do not leave blank) Educator	DATE OF BIRTH [REDACTED]	VOTER REGISTRATION VUID NUMBER ² (Optional)	
TELEPHONE CONTACT INFORMATION (Optional) Home: _____ Office: _____ Cell: _____					
FELONY CONVICTION STATUS (You MUST check one)			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN		
<input checked="" type="checkbox"/> I have not been finally convicted of a felony.			IN THE STATE OF TEXAS		
<input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³			51 year(s)	IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED	
			2 month(s)	9 year(s)	8 month(s)
*if using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Julie A. Nors</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Julie A. Nors</u> , of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>Place 2, Keller ISD Board of Trustees</u> swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."					
			X <u>Julie Nors</u> SIGNATURE OF CANDIDATE		
Sworn to and subscribed before me this the <u>16th</u> day of <u>February</u> , <u>2022</u> , by <u>Julie Nors</u> (name of candidate)					
<u>Catherine B. Whited</u> Signature of Officer Authorized to Administer Oath ⁴			<u>Catherine B. Whited</u> Printed name of Officer Authorized to Administer Oath		
<u>Notary</u> Title of Officer Authorized to Administer Oath					
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.					
This document and \$ _____ filing fee or a nominating petition of _____ pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified					
<u>2, 16, 2022</u> Date Received		<u>2, 16, 2022</u> Date Accepted		<u>[Signature]</u> Signature of Filing Officer or Designee	

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed.

2 CANDIDATE
NAME

MS/MRS/MR

FIRST

MI

Julie

A

NICKNAME

LAST

SUFFIX

Nors

OFFICE USE ONLY

Filer ID #

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

1921 Wellington Ct.
Keller TX 76248

4 CANDIDATE
PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 824-6493

5 OFFICE
HELD
(if any)

6 OFFICE
SOUGHT
(if known)

Keller ISD Board of Trustees Pl. 2

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Matthew R. Nors

8 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS, APT / SUITE #, CITY, STATE, ZIP CODE

1921 Wellington Ct.
Keller TX 76248

9 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 734-3990

10 CANDIDATE
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.



Signature of Candidate

2-15-22

Date Signed

GO TO PAGE 2

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 MI		OFFICE USE ONLY				
	Julie						
NICKNAME LAST SUFFIX							
Nors							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE		Date Received				
1921 Wellington Ct. Keller TX 76248		Change of Address					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Hand-delivered or Date Postmarked		
(972)		824-6493					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI						
	Matthew						
NICKNAME LAST SUFFIX							
Nors							
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE						
1921 Wellington Ct. Keller TX 76248		(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
(817)		734-3990					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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		
2 / 15 / 22				3 / 28 / 22			
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description					
5 / 7 / 22		<input checked="" type="checkbox"/> General		Special _____			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (# known)				
		Keller ISD Board of Trustees Place 2					
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.						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
	Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Julie Nors		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1857. ⁸⁵
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1500. ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 357.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

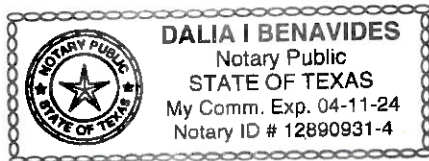
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Julie Nors

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Julie Ann Nors this the 7th day of April

20 22, to certify which, witness my hand and seal of office.

Dalia I Benavides Dulia I. Benavides 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)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Julie Nors</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1857 ⁸⁵
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1500 ⁰⁰
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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 Julie Nors		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/22	5 Full name of contributor out-of-state PAC (ID# _____) Diana Adamson	7 Amount of contribution (\$) \$198.⁵⁵
6 Contributor address; City; State; Zip Code Belleme WA 98006		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/17/22	Full name of contributor out-of-state PAC (ID# _____) Doug Wyatt	Amount of contribution (\$) \$95.³⁰
Contributor address; City; State; Zip Code Uppersaddle River NJ 07458		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/17/22	Full name of contributor out-of-state PAC (ID# _____) Robyn Folmar	Amount of contribution (\$) \$95.³⁰
Contributor address; City; State; Zip Code Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/17/22	Full name of contributor out-of-state PAC (ID# _____) Brittany Platz	Amount of contribution (\$) \$99.²⁷
Contributor address; City; State; Zip Code NRH TX 76182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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:
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2 FILER NAME <i>Julie Nors</i>	3 Filer ID (Ethics Commission Filers)
-----------------------------------	---------------------------------------

4 Date <i>3/17/22</i>	5 Full name of contributor <i>Sheryl Mendenhall</i>	7 Amount of contribution (\$) <i>\$49⁰⁴</i>
	6 Contributor address; City; State; Zip Code <i>Keller TX 76248</i>	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <i>3/17/22</i>	Full name of contributor <i>Karen Britnich</i>	Amount of contribution (\$) <i>\$24⁸²</i>
	Contributor address; City; State; Zip Code <i>Keller TX 76248</i>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>3/17/22</i>	Full name of contributor <i>Chris Lawless</i>	Amount of contribution (\$) <i>\$99²⁷</i>
	Contributor address; City; State; Zip Code <i>Keller TX 76248</i>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>3/17/22</i>	Full name of contributor <i>Jennifer Miller</i>	Amount of contribution (\$) <i>\$99²⁷</i>
	Contributor address; City; State; Zip Code <i>Ft. Worth TX 76137</i>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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 <i>Julie Nors</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/18/22</i>	5 Full name of contributor <i>Elizabeth Cumbie</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$49⁶⁴</i>
6 Contributor address; City; State; Zip Code <i>Ft. Worth TX 76244</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/18/22</i>	Full name of contributor <i>Monica Attel</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$49⁶⁴</i>
Contributor address; City; State; Zip Code <i>Keller TX 76248</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/20/22</i>	Full name of contributor <i>Malia Irby</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$49⁶⁴</i>
Contributor address; City; State; Zip Code <i>Ft. Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/21/22</i>	Full name of contributor <i>Ellen Young</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$49⁶⁴</i>
Contributor address; City; State; Zip Code <i>Keller TX 76248</i>		
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.

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 <i>Julie Nors</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/22/22</i>	5 Full name of contributor <i>Chris Poteet</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$99²⁷</i>
6 Contributor address; City; State; Zip Code <i>Dallas TX 75231</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/25/22</i>	Full name of contributor <i>Brittainy Fink</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$99²⁷</i>
Contributor address; City; State; Zip Code <i>Keller TX 76248</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/25/22</i>	Full name of contributor <i>Tara Beilman</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$248¹⁸</i>
Contributor address; City; State; Zip Code <i>Keller TX 76262</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/26/22</i>	Full name of contributor <i>Susan Van Camp</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$23⁵⁹</i>
Contributor address; City; State; Zip Code <i>Keller TX 76248</i>		
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.

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 <i>Julie Nors</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/27/22</i>	5 Full name of contributor <i>Shauna Wright</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$99²⁷</i>
6 Contributor address; City; State; Zip Code <i>Keller TX 76248</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/27/22</i>	Full name of contributor <i>Caroline Jefferys</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$47⁵⁰</i>
Contributor address; City; State; Zip Code <i>Keller TX 76248</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/27/22</i>	Full name of contributor <i>Carla Davie</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$99²⁷</i>
Contributor address; City; State; Zip Code <i>Keller TX 76248</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/28/22</i>	Full name of contributor <i>Jill Price</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$34⁷⁵</i>
Contributor address; City; State; Zip Code <i>Keller TX 76248</i>		
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.

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 <i>Julie NORS</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/28/22</i>	5 Full name of contributor <i>Kristen O'Quinn</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$47⁵⁰</i>
6 Contributor address; City; State; Zip Code <i>Keller TX 76248</i>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <i>3/28/22</i>	Full name of contributor <i>Maria Collins</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$99²⁷</i>
Contributor address; City; State; Zip Code <i>Ft. Worth TX 76244</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Julie Nors</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>1500⁰⁰</i>
5 Date	6 Payee name <i>Keller Embroidery + Printing</i>	
7 Amount (\$)	8 Payee address; City; State; Zip Code <i>Keller TX</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>signs / cards</i>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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

CODE OF FAIR CAMPAIGN PRACTICES

**FORM CFCP
COVER SHEET**

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE

POLITICAL COMMITTEE

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Julie

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

NORS

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(972) 824-6493

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX.

APT / SUITE #.

CITY.

STATE.

ZIP CODE

1921 Wellington Ct. Keller TX 76248

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

KISD Board of Trustees Place 2

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Matthew

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

NORS

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

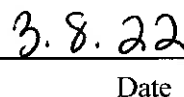
THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature



Date

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: **11**

OFFICE USE ONLY

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	Mrs.	Julie	A				
	NICKNAME	LAST	SUFFIX	Date Received			
		Nors					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
Change of Address	1921 Wellington Ct. Keller TX 76248						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
	(972)	824-6493					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #			
	Mr.	Matthew	R	Amount \$			
	NICKNAME	LAST	SUFFIX	Date Processed			
		Nors		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
(Residence or Business)	1921 Wellington Ct. Keller TX 76248						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	734-3990					
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	THROUGH	Month	Day	Year
	3	29	22		4	27	22
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	Primary	Runoff	Other Description	
	5	7	22	<input checked="" type="checkbox"/> General	Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				Keller ISD Trustee Place 2			
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.						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
Additional Pages							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

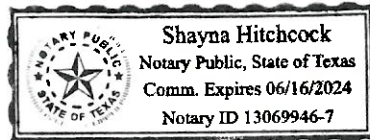
15 C/OH NAME Julie Nors		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 403.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,040.54
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,068.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 329.43
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.

Julie Nors
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Julie Nors this the 29th day of April, 2022, to certify which, witness my hand and seal of office.

Shayna Hitchcock Shayna Hitchcock Assistant Branch Mngr.
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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Julie Nors

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,637.54
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	■ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4,068.96
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: 6
2 FILER NAME Julie Nors		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Brad Cranford 6 Contributor address; City; State; Zip Code 2409 Creekwood Ct Keller TX 76248	7 Amount of contribution (\$) 99.27
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/29/2022	Full name of contributor out-of-state PAC (ID#: _____) Mary Anne Weatherred Contributor address; City; State; Zip Code 12308 Water Oak Dr Fort Worth TX 76244	Amount of contribution (\$) 49.64
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2022	Full name of contributor out-of-state PAC (ID#: _____) Rachel Mahmood Contributor address; City; State; Zip Code 531 Sorenson Tr Keller TX 76248	Amount of contribution (\$) 49.64
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Piper Ogan Contributor address; City; State; Zip Code 5359 Hibbs Dr Fort Worth TX 76137	Amount of contribution (\$) 49.64
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.

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: 6
2 FILER NAME Julie Nors		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Farah Janjua <hr/> 6 Contributor address; City; State; Zip Code 400 Bennington Lane Keller TX 76248	7 Amount of contribution (\$) 49.64
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Nicole Cobb <hr/> Contributor address; City; State; Zip Code 5505 Milford Drive Fort Worth TX 76137	Amount of contribution (\$) 49.64
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2022	Full name of contributor out-of-state PAC (ID#: _____) Anita Horky <hr/> Contributor address; City; State; Zip Code PO Box 17787 Fort Worth TX 76102	Amount of contribution (\$) 95.30
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2022	Full name of contributor out-of-state PAC (ID#: _____) Lauren Cahoon <hr/> Contributor address; City; State; Zip Code 1622 Kingsmill Court Keller TX 76248	Amount of contribution (\$) 19.85
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.

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: **6**

2 FILER NAME
Julie Nors

3 Filer ID (Ethics Commission Filers)

4 Date
04/11/2022

5 Full name of contributor out-of-state PAC (ID#: _____)
Ashley Kirk

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
2511 Deep Eddy Trail Keller TX 76248

49.64

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/11/2022

Full name of contributor out-of-state PAC (ID#: _____)
Alyson Laurel

Amount of contribution (\$)

Contributor address; City; State; Zip Code
317 College Street So. Keller TX 76248

19.85

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/13/2022

Full name of contributor out-of-state PAC (ID#: _____)
Rebekah Nelson

Amount of contribution (\$)

Contributor address; City; State; Zip Code
805 Crown Court Keller TX 76248

49.64

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/14/2022

Full name of contributor out-of-state PAC (ID#: _____)
Vi Nguyen Kennedy

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1629 Knox Rd Keller TX 76248

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 6
2 FILER NAME Julie Nors		3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Claudia Maysen 6 Contributor address; City; State; Zip Code 2700 Wildcreek Trail Keller TX 76248	7 Amount of contribution (\$) 29.78
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/16/2022	Full name of contributor out-of-state PAC (ID#: _____) Stephanie Oates, M.Ed. Contributor address; City; State; Zip Code 2105 Saint James Place Keller TX 76248	Amount of contribution (\$) 99.27
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2022	Full name of contributor out-of-state PAC (ID#: _____) Ashley Ram Gosnell Contributor address; City; State; Zip Code 380 La Quinta Cir S Keller TX 76248	Amount of contribution (\$) 24.82
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2022	Full name of contributor out-of-state PAC (ID#: _____) Erin Burton Contributor address; City; State; Zip Code 1300 Crimson Glory Lane Keller TX 76248	Amount of contribution (\$) 49.64
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.

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: 6
2 FILER NAME Julie Nors		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Amy Cearnal 6 Contributor address; City; State; Zip Code PO Box 13587 Arlington TX 76094	7 Amount of contribution (\$) 248.18
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Brittany Platz Contributor address; City; State; Zip Code 8216 Rio Vista Court North Richland Hills TX 76182	Amount of contribution (\$) 49.64
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Angela Fusilier Contributor address; City; State; Zip Code 1632 Wicklow Lane Keller TX 76262	Amount of contribution (\$) 1,911.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Cherie Moeller Contributor address; City; State; Zip Code 2510 Sandy Trail Keller TX 76248	Amount of contribution (\$) 95.30
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.

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: 6
2 FILER NAME Julie Nors		3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Carly Alacahan 6 Contributor address; City; State; Zip Code 2344 Tall Woods Tr Keller TX 76262	7 Amount of contribution (\$) 297.82
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/25/2022	Full name of contributor out-of-state PAC (ID#: _____) Jason Embry Contributor address; City; State; Zip Code 2614 Raindance Leander TX 78641	Amount of contribution (\$) 49.64
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor 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.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Julie Nors	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 4,068.96
5 Date 03/29/2022	6 Payee name Keller Embroidery	
7 Amount (\$) 3,620.23	8 Payee address; 2131 Rufe Snow	City: Keller State: TX Zip Code: 76248
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs and Rack Card
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/23/2022	Payee name Amazon.com	
Amount (\$) 342.05	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Shirts and Hats
	Check if travel outside of Texas. Complete Schedule T. 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Julie Nors	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 4,068.96
5 Date 03/29/2022	6 Payee name Tom Thumb	
7 Amount (\$) 33.52	8 Payee address; Keller TX	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Snacks for Campaign Kick-off
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/31/2022	Payee name Lowe's	
Amount (\$) 73.16	Payee address; Keller TX	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Zip Bands for Signs
	(c) Check if travel outside of Texas. Complete Schedule T. 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Julie Nors

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)

\$ 10,270.87

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 10,600.30

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0.00

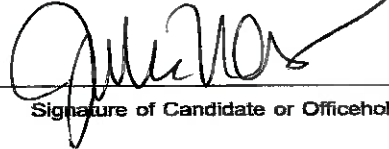
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

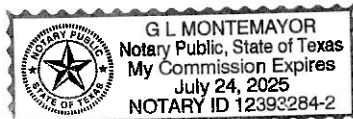
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Julie Nors this the 20 day of July, 2022

22, to certify which, witness my hand and seal of office.

G L Montemayor G L Montemayor 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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Julie Nors		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10,270.87
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 10,305.30
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 295.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. 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: 6
2 FILER NAME Julie Nors		3 Filer ID (Ethics Commission Filers)
4 Date 05/04/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Anessa Pavlik <hr/> 6 Contributor address; City; State; Zip Code 1220 Shadow Woods Court Keller, TX 76262	7 Amount of contribution (\$) 99.27
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Gretchen Veling <hr/> Contributor address; City; State; Zip Code 204 Silverado Trail Keller TX 76248	Amount of contribution (\$) 99.27
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Laney Hawes <hr/> Contributor address; City; State; Zip Code 5121 Merced Drive Fort Worth, TX 76137	Amount of contribution (\$) 19.85
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Cindy Treyger <hr/> Contributor address; City; State; Zip Code 5144 Ambergris Trail Fort Worth, TX 76244	Amount of contribution (\$) 18.82
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.

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: 6
2 FILER NAME Julie Nors		3 Filer ID (Ethics Commission Filers)
4 Date 05/04/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Kellie Alexander <hr/> 6 Contributor address; City; State; Zip Code 993 Meadow Circle North Keller, TX 76248	7 Amount of contribution (\$) 19.85
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Erin Burton <hr/> Contributor address; City; State; Zip Code 1300 Crimson Glory Lane Keller, TX 76248	Amount of contribution (\$) 49.64
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Tabitha Richter <hr/> Contributor address; City; State; Zip Code 601 Eagle Court Keller, TX 76248	Amount of contribution (\$) 49.64
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Alyson Laurel <hr/> Contributor address; City; State; Zip Code 317 College Street South Keller, TX 76248	Amount of contribution (\$) 19.85
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.

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: **6**

2 FILER NAME
Julie Nors

3 Filer ID (Ethics Commission Filers)

4 Date
05/04/2022

5 Full name of contributor out-of-state PAC (ID#: _____)
David Williams

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1721 Sawtooth Oak Trail Keller, TX 76248

44.67

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
05/04/2022

Full name of contributor out-of-state PAC (ID#: _____)
Jasmine Cluck

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1145 Melissa Drive Keller, TX 76262

19.85

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
05/04/2022

Full name of contributor out-of-state PAC (ID#: _____)
Marti Shavor

Amount of contribution (\$)

Contributor address; City; State; Zip Code
400 Monarch Hill Court Keller, TX 76248

47.50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
05/04/2022

Full name of contributor out-of-state PAC (ID#: _____)
Jillian Boggs

Amount of contribution (\$)

Contributor address; City; State; Zip Code
10312 Grayhawk Lane Fort Worth, TX 76244

19.85

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Julie Nors		3 Filer ID (Ethics Commission Filers)
4 Date 05/04/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Mary Anne Weatherred <hr/> 6 Contributor address; City; State; Zip Code 12308 Water Oak Drive Fort Worth, TX 76244	7 Amount of contribution (\$) 49.64
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Robyn Birkenfeld <hr/> Contributor address; City; State; Zip Code 1717 Broadmoor Drive Keller, TX 76262	Amount of contribution (\$) 99.27
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Piper Ogan <hr/> Contributor address; City; State; Zip Code 5359 Hibbs Drive Fort Worth, TX 76137	Amount of contribution (\$) 19.85
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Sherman Caroline <hr/> Contributor address; City; State; Zip Code 1034 Canterbury Lane Keller, TX 76248	Amount of contribution (\$) 19.85
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Julie Nors		3 Filer ID (Ethics Commission Filers)
4 Date 05/04/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Shannon Haven	7 Amount of contribution (\$) 24.82
	6 Contributor address; City; State; Zip Code 1012 Simmons Dr Keller, TX 76248	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Jill LeBaron	Amount of contribution (\$) 19.85
	Contributor address; City; State; Zip Code 5216 Birch Grove Lane Fort Worth, TX 76137	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Susan Patrick	Amount of contribution (\$) 496.36
	Contributor address; City; State; Zip Code 1613 Overlook Terrace Keller, TX 76262	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Zach Fusilier	Amount of contribution (\$) 5,000.00
	Contributor address; City; State; Zip Code 1632 Wicklow Lane Keller, TX 76262	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: **6**

2 FILER NAME
Julie Nors

3 Filer ID (Ethics Commission Filers)

4 Date
05/05/2022

5 Full name of contributor out-of-state PAC (ID#: _____)
Jennifer Miller

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
7528 Deerlodge Trail Fort Worth, TX 76137

49.64

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
05/05/2022

Full name of contributor out-of-state PAC (ID#: _____)
Vicki Smith

Amount of contribution (\$)

Contributor address; City; State; Zip Code
9633 Armour Drive Fort Worth, TX 76244

9.93

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
05/05/2022

Full name of contributor out-of-state PAC (ID#: _____)
Allison Estolas

Amount of contribution (\$)

Contributor address; City; State; Zip Code
12412 Yellow Wood Drive Fort Worth, TX 76244

49.64

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/15/2022

Full name of contributor out-of-state PAC (ID#: _____)
Matthew Nors

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1921Wellington Ct Keller, TX 76248

3,923.96

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	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.

1 Total pages Schedule F1: 1	2 FILER NAME Julie Nors	3 Filer ID (Ethics Commission Filers)
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4 Date 06/16/2022	5 Payee name Election Support Services
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6 Amount (\$) 10,305.30	7 Payee address; 2611 Rompel Pass	City; San Antonio	State; TX	Zip Code 78232
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Direct Mail and Digital Media Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Julie Nors	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 295.00
5 Date 05/02/2022	6 Payee name Keller Embroidery	
7 Amount (\$)	8 Payee address; 2131 Rufe Snow	City; State; Zip Code Keller TX 76248
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Rack Cards
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

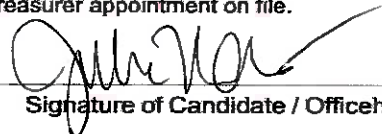
1 C/OH NAME

Julie Nors

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

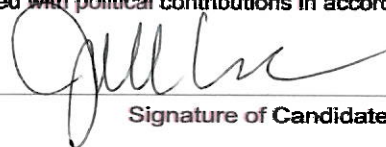
Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder