CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX MorVELL FORT BEND COUNTY ELECTIONS 4 CANDIDATE / ADDRESS / PO BOX: STATE. ZIP CODE **OFFICEHOLDER** PO BOX 428 JAN 17 2024 MAILING **ADDRESS** SIMONTONITY 77476 Change of Address 5 CANDIDATE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN MI TREASURER Date Processed NAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 3010 RIVEL-BEND DHVE STATE: CAMPAIGN ZIP CODE TREASURER **ADDRESS** (Residence or Business) EXTENSION 8 CAMPAIGN TREASURER (291) 242-7476 PHONE 9 REPORT TYPE 15th day after campaign Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED THROUGH # ELECTION Other Special General 13 OFFICE SOUGHT (If known) 12 OFFICE 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 TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ORVELL, CHAS	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	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)	\$1,600=			
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 487.11			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 1,946.93			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$			
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		SAMANTHA KRISTY HASELEU Notary ID #132488431 My Commission Expires May 20, 2024			
NOTARY STAMP/SEA	Chad Marvell the	17 day of January.			
The state of the s	y which, witness my hand and seal of office. Samantha Hateley	Administration			
Signature of officer administ	ering oath Printed name of officer administering oath OR	Title of officer administering oath			
(2) Unsworn Declarat					
My name is	, and my date of birth is				
My address is					
	(Succes)	tate) (zip code) (country)			
Executed in	County, State of, on the day of	, 20 (year)			
	Signature of Candid	late/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Cor		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$21,600
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 CO	ONTRIBUTIONS	\$ 487.11
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	JNDS	\$ 1,000
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	JTIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1116	Instruction Guide explains how to complete this form.	Total pages Schedule A1: Selection Total pages Schedule A1: Total pages Schedule A1: Selection Total	
FILER NAME	NORVELL, CUAD		
Date 3 23 2025	5 Full name of contributor out-of-state PAC (ID#:) CB LANEY 6 Contributor address; City; State; Zip Code 39330 BUCKSKIN WALLIS, TX 7485	7 Amount of contribution (\$)	
Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date 7/18/23	Full name of contributor out-of-state PAC (ID#:) \$\int 0000 \text{MANN CAMANIGN}\$ Contributor address; City; State; Zip Code \$\int 0000 \text{DEL VISTA PASEN BEALTA}\$	Amount of contribution (\$)	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Oli 5 2013	Full name of contributor out-of-state PAC (ID#:) DALBIE VTAL Contributor address; City; State; Zip Code 2007 DEA(COTT YATH TX 77494)	Amount of contribution (\$)	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)	

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Feas Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

AMEDOT Amount (\$) 7 Payee address; City; State; Zip Co 20.30 1340 PoyDLAS NEW Orlands, LA 70112 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
5 Payee name AN ENT AN ENT 7 Payee address; City; State; Zip Co 1340 PoyDAS NEW Orlands, LA 70112 8 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Payee name	n Filers)
1340 PoyDrAS NEW orlaws, LA 70112 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Date Payee name (a) Category (See Categories listed at the top of this schedule) (b) Description Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held	
PURPOSE OF EXPENDITURE (c) 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	de
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
expenditure to benefit C/OH Date Payee name	
	i
Amount (\$) Payee address; City; State; Zip Co	de
14.30 1340 POYDIAS NOW Orlaws, LA 70112	
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Description	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	1
Date Payee name	
12/18/23 TASTE OF TEXAS	
Amount (\$) Payee address; City; State; Zip Co	de
\$ 104.95 10505 KATH FWY HOUSTEN, TX 77024	
Category (See Categories listed at the top of this schedule) Description	V
PURPOSE OF EXPENDITURE GIFT EMPLOYEE LUNCHON	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED	ld

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

and the second s		EXPENDITU	RECATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fr Fr y G	vent Expense ses cod/Beverage Expens ift/Awards/Memonals egal Services	Off e Po Expense Pri	an Repayment/Reimbursement floe Overhead/Rental Expense fling Expense ming Expense laries/Wages/Contract Lebor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of District Other (enter a category)	ement & Related Expense
Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAV	VELL CI	CAN		3 Filer ID (Ethica	s Commission Filers)
1211017073	5 Payee name	- Committee of the Comm				
6 Amount (\$)	7 Payee addr	ess;	107	City;	State;	Zip Code
20000	249	0 FM	1093	RATY	74 -	7406
8	(a) Category (See Categories listed at	the top of this sche	dule) (b) Description		
PURPOSE OF EXPENDITURE	GIFTS EMPLOYEE LUNCHEON					
	(c) Ch	eck if travel outside of Tex	as. Complete Schedu	lle T. Check if A	ustin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		/ Officeholder na	me	Office sought		Office held
Date	Payee name)				
12/19/2023	1	MALT				
Amount (\$)	Payee addr	988;		City;	State;	Zip Code
194.91	268	24 FM K	993	Licumon D, -	FL 77406	•
	Category (S	ee Categories listed at	the top of this sched	ule) Description		
PURPOSE OF EXPENDITURE	FOOD	BEVERA	66	EMPLOY	be lunche	00
	Ch	eck if travel outside of Tex	as. Complete Schedu	le T. Check if A	ustin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh		/ Officeholder na	me	Office sought	kan taran kanan san sa Mililian na kitan ka kanan kanan kanan kanan kanan kanan kan k	Office held
Date	Payee nam	8		Apple of the second		
12/11/23	-	TED YO	LK			
Amount (\$)	Payee addr	988;		City;	State;	Zip Code
\$62.65	672	7 Fm 1	463 1	CATYTY 7.	7494	
	Category (S	ee Categories listed at I	the top of this sched	ule) Description		
PURPOSE OF EXPENDITURE	F000	BEVEL	VE	STAFF	MEGTIN6	7
	_ ch	eck if travel outside of Tex	as. Complete Schedu	sie T. Check if A	ustin, TX, officeholder living	expense
Complete ONLY If direct expenditure to benefit C/O		/ Officeholder na	ame	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Travel In District Travel Out Of District

Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Solicitation/Fundraising Expe

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Payee address; 6 Amount (\$) City; State; Zip Code 8 PURPOSE FILING FEE OF EXPENDITURE (c) 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 Date Pavee name Amount (\$) Payee address; City: State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; State; Zip Code City; political contributions Description Category (See Categories listed at the top of this schedule) PURPOSE OF

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought