

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: <div style="font-size: 1.5em; font-weight: bold;">17</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mr. Daniel A. | | OFFICE USE ONLY <div style="font-size: 1.2em; font-weight: bold; color: blue;"> Record on 12/6/21 @ 3:41pm </div> |
| | NICKNAME LAST SUFFIX Dan Diaz | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE [REDACTED] | | |
| | AREA CODE PHONE NUMBER EXTENSION [REDACTED] | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | MS / MRS / MR FIRST MI Mrs. Brenda L. | | |
| | NICKNAME LAST SUFFIX Diaz | | |
| 6 CAMPAIGN TREASURER NAME | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE [REDACTED] | | |
| | AREA CODE PHONE NUMBER EXTENSION (956) 225-8284 | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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) | | |
| | PERIOD COVERED Month Day Year Month Day Year 10 / 24 / 21 THROUGH 12 / 4 / 21 | | |
| 8 CAMPAIGN TREASURER PHONE | ELECTION DATE Month Day Year 12 / 14 / 21 | | |
| | ELECTION TYPE Primary <input checked="" type="checkbox"/> Runoff Other Description General Special | | |
| 9 REPORT TYPE | OFFICE HELD (if any) OFFICE SOUGHT (if known) Edinburg City Council Place 1 | | |
| 10 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | |
| | COMMITTEE TYPE COMMITTEE NAME | | |
| | GENERAL COMMITTEE ADDRESS | | |
| | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Dan Diaz

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)

\$ 4,000.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 19,316.54

CONTRIBUTION
BALANCE

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

\$ 4,292.63

OUTSTANDING
LOAN TOTALS

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

\$ 48,500.00

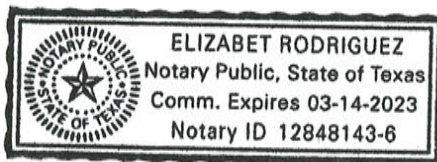
18 SIGNATURE

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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dan Diaz this the 6 day of December,
2021, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Elizabeth Rodriguez
Printed name of officer administering oath

Notary Public
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>DAW DIAZ</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 4,000.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. | SCHEDULE E: LOANS | \$ 16,500.00 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 19,316.54 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0.00 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0.00 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00 |

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

2 FILER NAME

Daniel Antonio Diaz

3 Filer ID (Ethics Commission Filers)

4 Date

11/26/2021

5 Full name of contributor

out-of-state PAC (ID#: _____)

Joaquin M. Spamer

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

6800 S International Pkwy Suite 10 McAllen, TX 78503

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/26/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Richard W. Ruppert

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

P.O. Box 959 Edinburg, TX 78540

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/26/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Linebarger Goggan Blair & Sampson, LLP

Amount of contribution (\$)

1,500.00

Contributor address;

City;

State;

Zip Code

P.O. Box 17428 Austin, TX 78760

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Aaron Rivera

Amount of contribution (\$)

750.00

Contributor address;

City;

State;

Zip Code

2512 Churchhill Ave. Edinburg, TX 78539

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

Daniel Antonio Diaz

3 Filer ID (Ethics Commission Filers)**4** Date

10/29/2021

5 Full name of contributor

out-of-state PAC (ID#: _____)

Legacy Chapels

6 Contributor address;

City;

State;

Zip Code

4610 S. Jackson Rd. Edinburg, TX 78539

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/29/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Joe Salazar III

Contributor address;

City;

State;

Zip Code

P.O. Box 959 Edinburg, TX 78540

Amount of contribution (\$)

250.00

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.

LOANS**SCHEDULE E**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 E: <div style="text-align: center; font-size: 1.5em; color: blue;">3</div> |
| 2 FILER NAME Daniel Antonio Diaz | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 10/29/2021 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Antonio Diaz | 9 Loan Amount (\$) 2,000.00 |
| 6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code [REDACTED] | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) Registered Nurse/Licensed Paramedic | | 13 Employer (See Instructions) South Texas Health Systems |
| 14 Description of Collateral none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| <hr/> | | |
| Date of loan 11/04/2021 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Antonio Diaz | Loan Amount (\$) 2,500.00 |
| Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Lender address; City; State; Zip Code [REDACTED] | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) Registered Nurse/Licensed Paramedic | | Employer (See Instructions) South Texas Health Systems |
| Description of Collateral none | | <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |
| <hr/> | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | |

LOANS**SCHEDULE E**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 E: |
| 2 FILER NAME Daniel Antonio Diaz | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 11/10/2021 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#:) Daniel Antonio Diaz | 9 Loan Amount (\$) 5,000.00 |
| 6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code [REDACTED] | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) Registered Nurse/Licensed Paramedic | | 13 Employer (See Instructions) South Texas Health Systems |
| 14 Description of Collateral none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION ■ not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 11/26/2021 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#:) Daniel Antonio Diaz | Loan Amount (\$) 2,500.00 |
| Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Lender address; City; State; Zip Code [REDACTED] | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) Registered Nurse/Licensed Paramedic | | Employer (See Instructions) South Texas Health Systems |
| Description of Collateral none | | <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

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LOANS**SCHEDULE E**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 E: |
| 2 FILER NAME Daniel Antonio Diaz | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 12/01/2021 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#:) Daniel Antonio Diaz | 9 Loan Amount (\$) 2,500.00 |
| 6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code [REDACTED] | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) Registered Nurse/Licensed Paramedic | | 13 Employer (See Instructions) South Texas Health Systems |
| 14 Description of Collateral none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 12/03/2021 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#:) Daniel Antonio Diaz | Loan Amount (\$) 2,000.00 |
| Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Lender address; City; State; Zip Code [REDACTED] | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) Registered Nurse/Licensed Paramedic | | Employer (See Instructions) South Texas Health Systems |
| Description of Collateral none | | <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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
Credit Card Payment

Event Expense
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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|--|--|---------------------------------------|--|
| 1 Total pages Schedule F1: 9 | | 2 FILER NAME Daniel Antonio Diaz | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10/25/2021 | | 5 Payee name Facebk Advertising | | | |
| 6 Amount (\$) 900.00 | | 7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) advertising expense | | (b) Description ad | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 10/25/2021 | | Candidate / Officeholder name Gary Sepulveda | | | |
| Amount (\$) 200.00 | | Payee address; City; State; Zip Code 1218 E. Mahl Edinburg, Tx 78539 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) contract labor | | Description signs / marketing / advertising | | |
| | 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 | | | | | |
| Date 10/25/2021 | | Candidate / Officeholder name Rafael Silva Jr. | | | |
| Amount (\$) 180.00 | | Payee address; City; State; Zip Code 422 E. Cano Edinburg, TX 78539 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) event expense | | Description sponsorship / donation / BBQ benefit | | |
| | 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 | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Daniel Antonio Diaz | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10/26/2021 | | 5 Payee name Edinburg Professional Firefighter's Association | | | |
| 6 Amount (\$) 500.00 | | 7 Payee address; City; State; Zip Code P.O. Box 1495 Edinburg, TX 78540 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) event expense | | (b) Description donation / benefit / sponsorship | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 10/26/2021 | | Candidate / Officeholder name Jesse Gutierrez | | | |
| Amount (\$) 600.00 | | Office sought Office held | | | |
| Payee name Jesse Gutierrez | | City; State; Zip Code | | | |
| Amount (\$) 600.00 | | 420 Zenon Moya Dr. Edinburg, TX 78542 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) contract labor | | Description signs / marketing / advertising | | |
| | 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 | | | | | |
| Date 10/29/2021 | | Candidate / Officeholder name Facebk Advertising | | | |
| Amount (\$) 900.00 | | Office sought Office held | | | |
| Payee name Facebk Advertising | | City; State; Zip Code | | | |
| Amount (\$) 900.00 | | 1 Hacker Way Menlo Park, CA 94025 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising | | Description ad | | |
| | 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 | | | | | |
| Date 10/29/2021 | | Candidate / Officeholder name Facebk Advertising | | | |
| Amount (\$) 900.00 | | Office sought Office held | | | |
| Payee name Facebk Advertising | | City; State; Zip Code | | | |
| Amount (\$) 900.00 | | 1 Hacker Way Menlo Park, CA 94025 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising | | Description ad | | |
| | 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 | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Daniel Antonio Diaz | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/01/2021 | 5 Payee name Facebk Advertsing | |
| 6 Amount (\$) 900.00 | 7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) advertising | (b) Description ad |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date 11/01/2021 | Payee name Gary Sepulveda | |
| Amount (\$) 450.00 | Payee address; City; State; Zip Code 1218 E Mahl Edinburg, TX 78539 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) contract labor | Description signs / marketing / advertising |
| | 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 | | |
| Date 11/01/2021 | Payee name Benny Guerra | |
| Amount (\$) 250.00 | Payee address; City; State; Zip Code 2102 W 17 1/2 Edinburg, TX 78541 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) contract labor | Description signs / marketing / advertising |
| | 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 | | |

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: | 2 FILER NAME Daniel Antonio Diaz | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/02/2021 | 5 Payee name Jesse Gutierrez | |
| 6 Amount (\$) 700.00 | 7 Payee address; City; State; Zip Code 420 Zenon Moya Dr. Edinburg, TX 78542 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) contract labor | (b) Description signs / marketing / advertising |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date 11/03/2021 | Payee name Facebk Adertising | |
| Amount (\$) 900.00 | Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising | Description ad |
| | 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 | | |
| Date 11/05/2021 | Payee name John Sanchez | |
| Amount (\$) 1,500.00 | Payee address; City; State; Zip Code 121 Northern Dancer Edinburg, TX 78539 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) contract labor | Description graphics / advertising / consulting |
| | 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 | | |

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
Credit Card Payment

Event Expense
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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Daniel Antonio Diaz | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11/08/2021 | | 5 Payee name City Of Edinburg | | | |
| 6 Amount (\$) 250.00 | | 7 Payee address; City; State; Zip Code 415 W. University Dr. Edinburg, TX 78539 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) event expense | | (b) Description parade participation | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 11/09/2021 | | Payee name Facebk Adertising | | | |
| Amount (\$) 378.68 | | Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising | | Description ad | | |
| | 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 | |
| Date 11/09/2021 | | Payee name The Monitor | | | |
| Amount (\$) 350.00 | | Payee address; City; State; Zip Code 1400 E. Nolana Avenue McAllen, TX 78504 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising | | Description ad | | |
| | 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 | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME Daniel Antonio Diaz | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/12/2021 | 5 Payee name Texas Democratic Party | |
| 6 Amount (\$) 225.00 | 7 Payee address; City; State; Zip Code 314 Highland Mall Blvd. #508 Austin, TX | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) marketing expense | (b) Description Voter Activation Network Access |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date 11/09/2021 | Payee name Facebk Adertising | |
| Amount (\$) 900.00 | Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising | Description ad |
| | 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 | | |
| Date 11/17/2021 | Payee name Pablo Martinez | |
| Amount (\$) 80.00 | Payee address; City; State; Zip Code 6503 S Cage Blvd. Pharr, TX 78577 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) event expense | Description BBQ Benefit / Sponsorship / Donation |
| | 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 | | |
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: | 2 FILER NAME Daniel Antonio Diaz | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/18/2021 | 5 Payee name Bernardo Diaz | |
| 6 Amount (\$) 1,034.87 | 7 Payee address; City; State; Zip Code 2312 S. Tourist Dr. Edinburg, TX 78539 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) contract labor / advertising expenses | (b) Description political advertising materials, printing, mailers, door hangers |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date 11/18/2021 | Payee name Bobcat Pride Football Club | |
| Amount (\$) 350.00 | Payee address; City; State; Zip Code 2600 E. Wisconsin Edinburg, TX 78542 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) event expense | Description sponsorship / donation |
| | 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 | | |
| Date 11/24/2021 | Payee name Bernardo Diaz | |
| Amount (\$) 584.55 | Payee address; City; State; Zip Code 2312 S. Tourist Dr. Edinburg, TX 78539 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) contract labor / advertising expenses | Description political advertising materials, printing, mailers, door hangers |
| | 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 | | |
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|---|--|---------------------------------------|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Daniel Antonio Diaz | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11/30/2021 | | 5 Payee name Facebk Advertising | | | |
| 6 Amount (\$) 900.00 | | 7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) advertising | | (b) Description ad | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 11/30/2021 | | Payee name Endless Smiles | | | |
| Amount (\$) 200.00 | | Payee address; City; State; Zip Code 5016 Forego Avenue Edinburg, Tx 78539 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) event expense | | Description sponsorship / donation | | |
| | 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 | |
| Date 11/30/2021 | | Payee name Printworks | | | |
| Amount (\$) 5,923.44 | | Payee address; City; State; Zip Code 1414 Pecan Blvd McAllen, TX 78501 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising expenses | | Description political advertising materials, printing, graphics, mailer | | |
| | 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 | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: | 2 FILER NAME Daniel Antonio Diaz | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/30/2021 | 5 Payee name Ricardo Garcia | |
| 6 Amount (\$) 160.00 | 7 Payee address; City; State; Zip Code 5408 Freedom Drive Edinburg, TX 78542 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) event expense | (b) Description sponsorship / benefit |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 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 | |
| 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 | | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 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 | | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 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 | | |

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