CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to comple	te this form.	1 File	er ID (Ethics C	Commission Filers)	2 Tota	l pages file	^{d:} 16
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	Da	_{FIRST} niel			мі А.		OFFICE	JSE ONLY
NAME	NICKNAME Dan	Dia	LAST BZ			SUFFIX	Date Red	eived /	11/21
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	; A	PT / SUITE #;	CITY;	STATE;	ZIP CODE	M	W)	d'AMIN
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE	NUMBER		EXTENSI	ON)-4	or Date Rostmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. NICKNAME	Bı	FIRST enda LAST			MI L SUFFIX	Receipt i		Amount \$
		Di	az				Date Ima	iged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX	PLEASE); APT	/ SUITE #;	CITY			STATE;	ZIP CODE
(Residence or Business)									
8 CAMPAIGN TREASURER PHONE	(956)		NUMBER -8284		EXTENSI	ON			
9 REPORT TYPE	January 15		30th day befor	re election	Rur	noff		15th day afte treasurer app (Officeholder	ointment
	July 15		8th day before	election		eeded Modified orting Limit	, i	Final Report	(Attach C/OH - FR)
10 PERIOD	Month	Day	Year			Month	Day	Year	
COVERED	07	/ 01	/ 21	TH	ROUGH	09	/ 23	/ 21	
11 ELECTION	ELECTION DA	TE				ELECTION TYPE			
	Month Day	Year	Prima	ry	Runoff	Other Description			
*	11 / 02 /	/ 21	■ Gener	ral	Special	-			n and a second
12 OFFICE	OFFICE HELD (if any)					City Coun	100 1000	e 1	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	CEHOLDER. 7	HESE EXPENDITU	RES MAY HAV	E BEEN MADE	WITHOUT THE CANE	DIDATE'S OR	OFFICEHOLD	ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	соммітт	EE NAME						
Additional Pages	GENERAL	соммітт	EE ADDRESS						
	SPECIFIC	соммітт	EE CAMPAIGN T	REASURER I	NAME				
		соммітт	EE CAMPAIGN	TREASURER	ADDRESS				
			GO TO	O PAGE	: 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer	ID (Ethics Cor	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	R THAN	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF L	OANS)	\$	8,450.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$	24,694.07
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF T OF REPORTING PERIOD	HE LAST DAY	\$	5,173.23
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	S AS OF THE	\$	30,000.00
I) Affidavit	Please complete either option k		or Officeholde	r
		nis the	day of	
ignature of officer administer 2) Unsworn Declaration	OR .		Title of officer	administering oath
My name is	25 Dutches Street Edinburg	TX	70538	US A
	(street) County, State of Tows, on the 4 day of	(state) (month) Candidate/Office	(zip code) _, 20 (year)	(country)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	LER NAME el Antonio Diaz	20 Filer ID (Ethics Co	mmissi	ion Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE			SUBTOTAL AMOUNT
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			24,694.07
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7.	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			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM PO	DLITICAL CONTRIBUTIONS	\$	0.00
12.	2. 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	e Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1	3
2 FILER NAME Daniel Anto					3 Filer ID (Ethics Commiss	ion Filers)
4 Date 07/20/2021	5 Full name of contributor Veronica Gonzalez				7 Amount of contribution	(\$)
	6 Contributor address; 605 Water Lily	Mcallen, Tx	State;	Zip Code 78504		250.00
8 Principal occ	upation / Job title (See Instructions)		9 Empl	loyer (See Instruct	tions)	
Date	Full name of contributor Shenna Gonzalez)	Amount of contribution	(\$)
07/20/2021	Contributor address;	City;	State;	Zip Code		250.00
	7204 North 28th Lane	Mcallen,	Tx	78504		
Principal occu	ppation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)	
Date	Full name of contributor Manuel Ramon	out-of-state PA	C (ID#:		Amount of contribution	(\$)
07/20/2021	Contributor address;	City;	State;	Zip Code		200.00
	505 South 23rd Street	Mcallen,	Tx	78501		
Principal occu	upation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)	
Date	Full name of contributor David Salazar	out-of-state PA)	Amount of contribution	(\$)
07/20/2021	Contributor address;	City;		Zip Code		500.00
	922 Susan Dr.	Edinburg,	Tx	78539		
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)	

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 Anto		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Daniel Martinez	7 Amount of contribution (\$)
07/20/2021	6 Contributor address; City; State; Zip Code 4210 Moonlight Way San Antonio, TX 78230	500.00
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	dons)
Date	Full name of contributor out-of-state PAC (ID#:) Rene A. Ramirez	Amount of contribution (\$)
07/20/2021	Contributor address; City; State; Zip Code 1508 S Lone Star Way Unit 1 Edinburg, TX 78539	500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:) PAC Winstead PC	Amount of contribution (\$)
07/20/2021	Contributor address; City; State; Zip Code 2728 North Harwood St Suite 500 Dallas, Tx 75201	750.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	cions)
Date	Full name of contributor out-of-state PAC (ID#:) Amanda Saldana Law Firm	Amount of contribution (\$)
07/20/2021	Contributor address; City; State; Zip Code 5111 North 10th St Suite 115 Mcallen, TX 78504	500.00
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	tions)

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 fo	orm.	1 Total pages Schedule A1: 3
2 FILER NAME Daniel Antor	nio Diaz		3 Filer ID (Ethics Commission Filers)
4 Date 09/13/2021	Saul Ortega 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 1,500.00
	3710 Kiskadee Trail Edinburg, TX 7	8539	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	TO THE PARTICULAR CONTROL OF THE PROPERTY OF THE PARTICULAR CONTROL OF	D#:)	Amount of contribution (\$)
09/13/2021	Arturo Ortega Contributor address; City; 3120 Center Pointe Drive Edinburg,	State; Zip Code TX 78539	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Juan Carlos D. Angel	D#:)	Amount of contribution (\$)
09/13/2021	Contributor address; City;	State; Zip Code	1,000.00
	2307 Silverado St. Mission	TX 78573	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (III Jennifer Alida Gonzalez	D#:)	Amount of contribution (\$)
09/13/2021	Contributor address; City;	State; Zip Code	1,500.00
	2307 Silverado St. Mission	TX 78573	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
4			

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 comp	lete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Daniel Antonio D	liaz			
4 TOTAL OF UN	IITEMIZED LOANS		\$.	
5 Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)	
08/09/2021	Daniel Antonio Diaz		10,000.00	
6 Is lender a financial Institution?	8 Lender address; Citv;	State; Zip Code	10 Interest rate	
V Y V N			11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
Registered Nurse/Licensed Paramedic South Texas Health Sys			tems	
14 Description of Colla	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	19 Guaranter address: City	State: Zin Code		
	18 Guarantor address; City;	State; Zip Code		
 not applicable 				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:	Loan Amount (\$)	
09/03/2021	Daniel Antonio Diaz	,	5,000.00	
Is lender	Lender address; City;	State; Zip Code	Interest rate	
a financial Institution?				
Y V N			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Registered Nurse	e/Licensed Paramedic	South Texas Health Systems		
Description of Colla	ateral	Check if personal fun	ds were deposited into political	
none				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupation	on (See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL COP	DIES OF THIS SCHEDULE AS NE	FDFD	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Et	hics Commission Filers
9	Daniel Antonio Diaz			
Date	5 Payee name			
07/06/2021	The Wings Stadium Sports Bar			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
613.38	403 W. Trenton Rd St. B	Edinburg,	Tx 7	78539
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	food, beverage expense	age expense meeting with constituents		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder I	iving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	i i		
07/06/2021	John Sanchez			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,500.00	121 Northern Dancer Ed	linburg, T	x 78539	Э
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor	Description graphics, adve	rtising, cons	ulting
	ASS 141 (0.5) 10 450 (0.5) 10 10 10 10 10 10 10 10 10 10 10 10 10	50 0 0000A	tia TV afficabaldes I	500
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder I	iving expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Check if Aus Office sought	un, TX, omcenoider i	Office held
expenditure to benefit C/O	Candidate / Officeholder name		un, TX, omicenolaer i	
	Candidate / Officeholder name		un, TA, onicenoider i	
expenditure to benefit C/Ol	Payee name Welcome Home RGV Payee address;	Office sought City;	State;	Office held
Date 07/06/2021 Amount (\$)	Payee name Welcome Home RGV	Office sought		Office held
Date 07/06/2021 Amount (\$)	Payee name Welcome Home RGV Payee address;	Office sought City;	State;	Office held
Date 07/06/2021 Amount (\$)	Payee name Welcome Home RGV Payee address; 219 W. Nolana Avenue	Office sought City; McAllen	State;	Office held
Date 07/06/2021 Amount (\$) 548.73 PURPOSE OF	Payee name Welcome Home RGV Payee address; 219 W. Nolana Avenue Category (See Categories listed at the top of this schedule)	City; McAllen Description materials (butto	State;	Office held Zip Code 78504

SCHEDULE F1

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

		EXPENDITUR	E CATEGORIE	SFORE	3OX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Office Polling expense Printin Salarie	Overhead/F Expense g Expense es/Wages/C	Reimbursement Rental Expense ontract Labor te this form.	Travel In District Travel Out Of Distr	ipment & Related Expense	
1 Total pages Schedule F1:						3 Filer ID (Ethi	cs Commission Filers)	
		ntonio Diaz						
4 Date 07/07/2021	5 Payee na Ruben F	ame Ramirez Jr.						
6 Amount (\$)	7 Payee ad	idress;			City;	State;	Zip Code	
500.00	3226 \	/alle Circle	Edir	burg,	Tx	78539		
8	(a) Categor	y (See Categories listed at t	the top of this schedule	(b) l	Description			
PURPOSE OF EXPENDITURE	event expense			BBC	BBQ Benefit cook-off sponsorship			
	(c)	Check if travel outside of Texa	s. Complete Schedule T.		Check if Au	stin, TX, officeholder livi	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder nan	ne		Office sought		Office held	
Date	Payee na	ame						
07/13/2021	Facebk	Advertising						
Amount (\$)	Payee a	ddress;	GALLY IN TRACE	192	City;	State;	Zip Code	
25.00	1 Hacker	Way	Menlo Par	k,	CA	94025		
PURPOSE OF EXPENDITURE		y (See Categories listed at th ing expense	ne top of this schedule)	ad	Description		3	
		Check if travel outside of Texa	s. Complete Schedule T.		Check if Au	ıstin, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder nan	ne	C	Office sought		Office held	
Date	Payee n	ame				a.		
07/14/2021	Facebk	Advertising				.,		
Amount (\$)	Payee a		570	9 190 1919	City;	State;	Zip Code	
25.00	1 Hacker	Way	N	lenlo Pa	ark,	C	A 94025	
	Category	y (See Categories listed at th	ne top of this schedule)		Description			
PURPOSE OF EXPENDITURE	advertisi	ng expense		ad				
		Check if travel outside of Texa	as. Complete Schedule T		Check if Au	stin, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder na	me	(Office sought	1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947	Office held	
	AT	TACH ADDITIONAL	COPIES OF TH	IIS SCHE	DULE AS N	EEDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
	Daniel Antonio Diaz			
Date	5 Payee name			
07/16/2021	Facebk Advertising			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
25.00	1 Hacker Way Menlo Park,	CA 94	1025	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	advertising expense	ad	∕₩	7/
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
07/19/2021	Facebk Advertising			
Amount (\$)	Payee address;	City;	State;	Zip Code
35.00	1 Hacker Way Menlo Park	c, CA	94025	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	advertsing expense	ad		
OF EXPENDITURE				
EXI ENDITORE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
7/22/2021	Facebk Advertising		·	
Amount (\$)	Payee address;	City;	State;	Zip Code
0.00	1 Hacker Way Me	enlo Park,	CA	94025
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising expense	ad		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living e	xpense

SCHEDULE F1

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

EXPENDITURE	CATEGORIES	FOR BOX 8(a)
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense 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)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Daniel Antonio Diaz	*	3 Filer ID (Ethics Commission Filers)
4 Date 07/22/2021	5 Payee name Facebk Advertising		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
50.00	1 Hacker Way Menlo Park,	CA 94	4025
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	advertising expense	ad	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
07/27/2021	Facebk Advertising		
Amount (\$)	Payee address;	City;	State; Zip Code
75.00	1 Hacker Way Menlo Park,	CA	94025
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	advertsing expense	ad	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
07/29/2021	Facebk Advertising		
Amount (\$)	Payee address;	City;	State; Zip Code
75.00	1 Hacker Way Men	nlo Park,	CA 94025
N.	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	advertising expense	ad	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

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 Fees Food/Beverage Expense Gift/Awar/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)				
Total pages Schedule F1:	2 FILER NAME Daniel Antonio Diaz		3 Filer ID (Ethics Commission Filers)				
Date 08/04/2021	5 Payee name Printworks						
Amount (\$) 3,572.25	7 Payee address; 1414 Pecan Blvd McAllen,	TX 785	State; Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	tising, signs					
3	(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				
Date	Payee name						
08/05/2021	John Sanchez						
Amount (\$)	Payee address;	City;	State; Zip Code				
1,500.00	121 Northern Dancer	Edinburg,	TX 78539				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor	rtising, consulting					
	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				
Date 08/06/2021	Payee name Facebk Advertising						
Amount (\$)	Payee address;	City;	. State; Zip Code				
75.00	1 Hacker Way Me	nlo Park,	CA 94025				
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	advertising expense	ad					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				

www.ethics.state.tx.us

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 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)

Credit Card Payment	The Instruction Guide 6	explains how to co	mplete this form.					
1 Total pages Schedule F1:	2 FILER NAME Daniel Antonio Diaz	3 Filer ID (Ethics Commission Filers)						
4 Date 08/09/2021	5 Payee name Facebk Advertising							
6 Amount (\$) 37.34	7 Payee address; 1 Hacker Way Menle	o Park,	City;	State; 25	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to advertising expense		(b) Description ad					
	(C) Check if travel outside of Texas. Con	mplete Schedule T.	Check if Aus	stin, TX, officeholder living	expense			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	(*)	Office held			
Date	Payee name							
08/13/2021	Facebk Advertising							
Amount (\$)	Payee address;	12 13 21 13/15	City;	State;	Zip Code			
250.00	1 Hacker Way	Menlo Pa	rk,	CA 9402	5			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top advertising expense	SECULIAR SE	Description ad					
	Check if travel outside of Texas. Co	mplete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held				
Date 08/20/2021	Payee name Bernardo Diaz							
Amount (\$) 2,168.20	Payee address; 2312 S. Tourist Dr.		City: Edinburg	State; TX	Zip Code 78539			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top contract labor	**************************************	Description Signs					
	Check if travel outside of Texas. Co	mplete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	nest and the recommendately to the	Office sought		Office held			
		OPIES OF THIS S		EEDED	Onice neid			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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

Printing Expense

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: Daniel Antonio Diaz 5 Payee name 4 Date 08/31/2021 Ruben Ramirez Jr. 6 Amount (\$) 7 Payee address: City; State; Zip Code TX 3226 Valle Circle Edinburg 78539 500.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 event expense BBQ sponsorship **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Edinburg Police Organization 09/02/2021 Amount (\$) City; State; Zip Code Pavee address: Edinburg, TX 78542 3110 Sabercat Ave Unit 2 300.00 Description Category (See Categories listed at the top of this schedule) event expense donation / sponsorship **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/03/2021 John Sanchez Payee address; City; Amount (\$) State; Zip Code 121 Northern Dancer Edinburg TX 78539 1,500.00 Category (See Categories listed at the top of this schedule) Description contract labor PURPOSE graphics, advertising, cosulting OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbu Fees Office Overhead/Rental E Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract The Instruction Guide explains how to complete this			erhead/Rental Ex pense xpense Vages/Contract L	pense abor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME Daniel Antonio Diaz						3 Filer ID (Ethics Commission Filers)			
4 Date 09/03/2021	5 Payee name Bernardo Diaz									
6 Amount (\$)	7 Payee ad	dress;			City	;	St	ate;	Zip Code	
1,176.00	2312 S. Tourist Dr. Edinburg					9		TX	78539	
8	(a) Category	/ (See Categories listed a	at the top of this s	chedule)	(b) Descrip	tion				
PURPOSE OF EXPENDITURE	contract labor si									
	(c)	Check if travel outside of Te	xas. Complete Sch	nedule T.	Ch	eck if Austin	stin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	9 Complete ONLY if direct					ought			Office held	
Date	Payee na	me								
09/07/2021	Facebk A	Advertising								
Amount (\$)	Payee ad	dress;	45 36 46 100		City	;	St	ate;	Zip Code	
327.67	1 Hacker	Way	Menlo P	ark,	CA	9402	25			
PURPOSE OF EXPENDITURE	OF				Descrip ad	tion				
		Check if travel outside of Te	xas. Complete Sch	edule T.	Ch	g expense				
Complete ONLY if direct Candidate / Officeholder name Officependiture to benefit C/OH					Office so	ought			Office held	
Date	Payee na	me								
09/08/2021	Brand Bo	oosters								
Amount (\$) 3,247.50	Payee ad 301 N. Mo		12	Мо	City CAllen		ΓX	ate; 7853	Zip Code 39	
	Category	(See Categories listed at	the top of this sch	nedule)	Descrip	tion				
PURPOSE OF EXPENDITURE	advertising expense political advertising mate					ing mate	naterials, signs, printing			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						g expense			
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder n	ame	ore-stagged A.A.A.	Office s	ought		eren (stranske kritisk () (Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services The Instruction	orials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.		oense abor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F1: 9	Arrange State of the	2 FILER NAME Daniel Antonio Diaz						3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payeen	5 Payee name										
09/22/2021	Bernard	Bernardo Diaz										
6 Amount (\$)	7 Payee a	ddress;			City;		S	State;	Zip C	ode		
5,943.00	2312 S.	2312 S. Tourist Dr. Edinburg					4	TX	7	8539		
8	(a) Catego	ry (See Categories list	ted at the top of this	schedule)	(b) Descript	tion						
PURPOSE OF EXPENDITURE	contract labor / advertising expenses				political advertising materials, printing, mailers and door hangers					g, mailers		
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Air					ck if Austin	ustin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name					Office sought				Office he	∍ld		
Date	Payee na	ame										
09/23/2021	Facebk	Advertising										
Amount (\$)	Payee a	ddress;			City;		S	state;	Zip C	ode		
400.00	1 Hacker	r Way	Menlo I	Park,	CA	9402	5					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense			Description ad								
	Check if travel outside of Texas. Complete Schedule T.				Chec	ck if Austin	, TX, officeho	older living	g expense			
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH					Office sought Office he				ıld			
Date	Payee n	ame										
Amount (\$)	Payee a	ddress;			City;		S	tate;	Zip C	ode		
PURPOSE OF EXPENDITURE	Category	y (See Categories lister	d at the top of this s	chedule)	Descripti	ion						

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought