



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

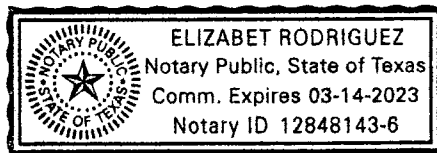
|                         |   |  |
|-------------------------|---|--|
| 15 C/OH NAME            |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00                                |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1,050.00                            |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 6,865.60                            |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 77.03                               |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 50,000.00                           |

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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Daniel "Dan" Diaz this the 18 day of January, 2022, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath Elizabeth Rodriguez Title of officer administering oath Notary Public

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  |  | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |  | SUBTOTAL<br>AMOUNT                     |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       |  | \$ 1,050.00                            |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |  | \$ 0.00                                |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$ 0.00                                |
| 4. SCHEDULE E: LOANS   |  | \$ 1,500.00                            |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |  | \$ 6,865.60                            |
| 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: 1                   |
| 2 FILER NAME<br><b>Daniel Antonio Diaz</b>  |  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br>12/09/2021  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Salvador Robles</b><br>6 Contributor address; City; State; Zip Code<br><b>5702 Bogart Dr. Edinburg, TX 78539</b>      | 7 Amount of contribution (\$)<br><b>300.00</b> |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                  |
| Date<br>12/09/2021  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>American National Tow</b><br>Contributor address; City; State; Zip Code<br><b>418 S. Bridge St. A Hidalgo, TX 78557</b> | Amount of contribution (\$)<br><b>250.00</b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>12/13/2021  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Noel Munoz</b><br>Contributor address; City; State; Zip Code<br><b>8642 N. Shary Rd. Mission, TX 78573</b>              | Amount of contribution (\$)<br><b>500.00</b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)                    |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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:<br><u>1</u>   |
| 2 FILER NAME<br><b>Daniel Antonio Diaz</b>   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$  |
| 5 Date of loan<br><b>12/09/2021</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Daniel Antonio Diaz</b>              | 9 Loan Amount (\$)<br><b>1,500.00</b>   |
| 6 Is lender a financial Institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code<br><div style="background-color: black; width: 100%; height: 1.2em;"></div> | 10 Interest rate  |
|  |   | 11 Maturity date  |
| 12 Principal occupation / Job title (See Instructions)<br><b>Registered Nurse/Licensed Paramedic</b>     |   | 13 Employer (See Instructions)<br><b>South Texas Health Systems</b>   |
| 14 Description of Collateral<br><br>none   |   | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><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   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )  | Loan Amount (\$)  |
| Is lender a financial Institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N   | Lender address; City; State; Zip Code   | Interest rate   |
|  |   | Maturity date   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)   |
| Description of Collateral<br><br>none  |   | <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br>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  | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br><i>6</i>                       | <b>2</b> FILER NAME<br>Daniel Antonio Diaz   | <b>3</b> Filer ID (Ethics Commission Filers)                                |
| <b>4</b> Date<br>12/06/2021   | <b>5</b> Payee name<br>Facebk Advertising  |   |
| <b>6</b> Amount (\$)<br>900.00                                      | <b>7</b> Payee address; City; State; Zip Code<br>1 Hacker Way Menlo Park, CA   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>advertising   | <b>(b)</b> Description<br>ad  |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |
| Date<br>12/06/2021  | Payee name<br>Jesse Canales  |   |
| Amount (\$)<br>80.00  | Payee address; City; State; Zip Code<br>716 W. Fey Edinburg, TX 78539  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>contract labor   | Description<br>signs / advertising  |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |
| Date<br>12/06/2021  | Payee name<br>Alicia Rodriguez   |   |
| Amount (\$)<br>200.00   | Payee address; City; State; Zip Code<br>Edinburg, TX 78539   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>contract labor   | Description<br>advertising / phone banking                                  |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |

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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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>Daniel Antonio Diaz   | <b>3</b> Filer ID (Ethics Commission Filers)              |
| <b>4</b> Date<br>12/06/2021   | <b>5</b> Payee name<br>Gary Sepulveda  |   |
| <b>6</b> Amount (\$)<br>350.00                                      | <b>7</b> Payee address; City; State; Zip Code<br>1218 E. Mahl Edinburg, TX 78539   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>contract labor  | <b>(b)</b> Description<br>signs / marketing / advertising |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held                            |
| Date<br>12/07/2021  | Payee name<br>Facebk Advertising   |   |
| Amount (\$)<br>386.60   | Payee address; City; State; Zip Code<br>1 Hacker Way Menlo Park, CA 94025  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>advertising  | Description<br>ad   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br>12/07/2021  | Payee name<br>Beatrice Cantu   |   |
| Amount (\$)<br>1,000.00   | Payee address; City; State; Zip Code<br>2010 Bahamas Drive Edinburg, TX 78541  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>contract labor   | Description<br>signs / marketing / advertising            |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>Daniel Antonio Diaz   | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br>12/07/2021   | <b>5</b> Payee name<br>Jesse Gutierrez   |   |
| <b>6</b> Amount (\$)<br>975.00                                      | <b>7</b> Payee address; City; State; Zip Code<br>420 Zenon Moya Dr. Edinburg, TX 78542   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>contract labor  | <b>(b)</b> Description<br>signs / advertising |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held                |
| Date<br>12/07/2021  | Payee name<br>Arturo Salinas   |   |
| Amount (\$)<br>60.00  | Payee address; City; State; Zip Code<br>201 N. 13th Avenue Edinburg, TX 78541  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>contract labor   | Description<br>signs / advertising            |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br>12/07/2021  | Payee name<br>Ramiro Villanueva  |   |
| Amount (\$)<br>120.00   | Payee address; City; State; Zip Code<br>Edinburg, TX 78539   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>contract labor   | Description<br>signs / advertising            |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br>Daniel Antonio Diaz | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

|                      |                                    |
|----------------------|------------------------------------|
| 4 Date<br>12/07/2021 | 5 Payee name<br>Edinburg Beef Club |
|----------------------|------------------------------------|

|                         |  |
|-------------------------|--|
| 6 Amount (\$)<br>250.00 | 7 Payee address; City; State; Zip Code<br>415 W. University Drive Edinburg, TX |
|-------------------------|--|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description<br>sponsorship / donation |
|                                    | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                                  |
|--------------------|----------------------------------|
| Date<br>12/13/2021 | Payee name<br>Facebk Advertising |
|--------------------|----------------------------------|

|                       |   |
|-----------------------|---|
| Amount (\$)<br>900.00 | Payee address; City; State; Zip Code<br>1 Hscker Way Menlo Park, CA 94025 |
|-----------------------|---|

|                        |   |                   |
|------------------------|---|-------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>advertising   | Description<br>ad |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                   |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                             |
|--------------------|-----------------------------|
| Date<br>12/13/2021 | Payee name<br>Jesse Canales |
|--------------------|-----------------------------|

|                       |   |
|-----------------------|---|
| Amount (\$)<br>120.00 | Payee address; City; State; Zip Code<br>716 W. Fey Edinburg, TX 78539 |
|-----------------------|---|

|                        |   |                                    |
|------------------------|---|------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>contract labor  | Description<br>signs / advertising |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                    |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>Daniel Antonio Diaz   | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br>12/14/2021   | <b>5</b> Payee name<br>Mary Flores   |   |
| <b>6</b> Amount (\$)<br>524.00                                      | <b>7</b> Payee address; City; State; Zip Code<br>420 Zenon Moya Dr. Edinburg, TX 78542   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>contract labor  | <b>(b)</b> Description<br>signs / advertising |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held                |
| Date<br>12/14/2021  | Payee name<br>Jesse Gutierrez  |   |
| Amount (\$)<br>800.00   | Payee address; City; State; Zip Code<br>420 Zenon Moya Dr. Edinburg, TX 78542  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>contract labor   | Description<br>signs / advertising            |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought      Office held                |
| Date<br>12/14/2021  | Payee name<br>Ramiro Villanueva  |   |
| Amount (\$)<br>120.00   | Payee address; City; State; Zip Code<br>Edinburg, TX      78539  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>contract labor   | Description<br>signs / advertising            |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |   |
| 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>Daniel Antonio Diaz   | <b>3</b> Filer ID (Ethics Commission Filers)                |
| <b>4</b> Date<br>12/14/2021   | <b>5</b> Payee name<br>Arturo Salinas  |   |
| <b>6</b> Amount (\$)<br>80.00                                       | <b>7</b> Payee address; City; State; Zip Code<br>201 N. 13th Avenue Edinburg, TX 78541   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>contract labor  | <b>(b)</b> Description<br>signs / advertising               |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span> |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought <span style="float:right;">Office held</span> |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description   |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought <span style="float:right;">Office held</span> |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description   |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought <span style="float:right;">Office held</span> |

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