### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00070466		2 Total pages	filed: 94
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Diego M.			Date Received	USE ONLY
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023	
	WENVANL	Bernal		301117		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 12411				Receipt #	Amount
Change of Address	San Antonio, TX 78212					
	Sair Antonio, TA 70212				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Blakely				
	NICKNAME	LAST		SUFFIX		
	NICKNAME			SUFFIX		
		Fernandez				
6 CAMPAIGN	STREET ADDRESS (NO PC	BOX PLEASE);	AP <sup>-</sup>	Γ / SUITE #; CITY	′; S	TATE; ZIP CODE
TREASURER ADDRESS	300 Convent St., Ste. 270					
(Residence or Business)	San Antonio, TX 78205					
	,					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
TREASURER PHONE	(210) 299-3410					
8 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day after	campaign treasurer officeholder only)
	X July 15	8th day before	election $\square$	Exceeded modified	_	Attach C/OH-FR)
		J our day before	CICCUOII	reporting limit	T mai report (	www.ii
9 PERIOD	Month Day Year			Month Day		
COVERED	01/01/2023	TH	IROUGH	06/30/20	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		lПG	Seneral	Special		
				<u></u>		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
	State Representative Dist	trict 123		State Represer	ntative District 12	23
	1			ı		
		GO 1	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	<b>14</b> Filer ID (	Ethics Commission Filers)									
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this informatio	the candidate's or office	holder's knowledge or							
Additional Pages											
	GENERAL										
		COMMITTEE ADDRESS									
	SPECIFIC										
		COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS								
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00								
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00							
EXPENDITURE TOTALS		\$ 0.00									
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 35,797.02							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 3,545.65							
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00							
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.									
		The Hono	orable Diego M. Berna	al							
		Signature of	Candidate or Officehol	der							
AFFIX NO	TARY STAMP / SEAL ABO	DVE									
Sworn to and subs	cribed before me, by the s	aid	, this the	day							
of	, 20, to ce	rtify which, witness my hand and seal of office.									
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath										

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

3 of 94

				3 of 94				
18 FILER NAME19 Filer ID(Ethics Commission Filers)Bernal, Diego M. (The Honorable)00070466								
	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE							
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00				
2. X S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00				
3. X S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00				
4. X S	SCHEDULE E: LOANS		\$	0.00				
5. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	35,797.02				
6. X S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
7. X S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00				
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00				
9. X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
12. X S	\$	241.12						
			•					

PLE	DGED CONTRIBU	TIONS			SCHEDULE E	3
т	he Instruction Guide exp	plains how to comp	lete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 4/94	
2 FILER N.	AME Diego M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00070466	
<u></u>	OF UNITEMIZED PLED	ES				0.00
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID	#:	_) 8	Amount of pledge (\$) In-kind description (If applicable)	
	7 Pledgor Address;	City; State; Zip Coo	le			
			T.,	] [	Check if travel outside of Texas. Complete Sched	lule T
<b>10</b> Principal	occupation / Job title (See Instru	ictions)	11 Employer (See In	structi	ons)	

	LOANS					SCHED	ULE E
	The Instruction	on Guide explains how to	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 5/94			
2	FILER NAME Bernal, Diego M	. (The Honorable)			3 Filer ID 00070	(Ethics Commissio	n Filers)
4	TOTAL OF UN	IITEMIZED LOANS			'	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$	5)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruc	tions)	_	
14	Description of Coll  None	ateral		15 Check if personal fund	s were deposite	d into political accoun (See Instruction	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaran	teed (\$)
	not applicable	<b>18</b> Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruc	tions)		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
	Sch: 1/87 Rpt: 6/94	Bernal, Diego M. (The Honorable) 00070466	
4	Date	5 Payee name	
	03/30/2023	1618 Asian Fusion	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$56.59	1618 E. Riverside Drive	
		Austin, TX 78741	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	X Check if Austin, TX, officeholder living expense	
		Food/Beverage	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
	Date	Payee name	
	06/26/2023	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$44.40	6443 San Pedro Avenue	
		San Antonio, TX 78216	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Gas	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	п 	
	Date	Payee name	
L	06/20/2023	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.51	6443 San Pedro Avenue	
		San Antonio, TX 78216	
	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Gas	
	Commission ONU V. M. alling	Constitute (Office helder no rec	_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
			_

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/87 Rpt: 7/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	06/05/2023	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.79	6443 San Pedro Avenue
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	05/25/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.66	6443 San Pedro Avenue
		San Antonio, TX 78216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas
		Gue Gue
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Dougo nama
	04/17/2023	Payee name 7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.06	6443 San Pedro Avenue
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Gas
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

### SCHEDULE F1

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

Fees
Fees
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 comp	plet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/87 Rpt: 8/94	Bernal, Diego M. (The Honorable)		00070466
4	Date	5 Payee name		•
	04/10/2023	7-Eleven		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$45.98	6443 San Pedro Avenue		
		San Antonio, TX 78216		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE		I	Check if Austin, TX, officeholder living expense
				Gas
_	Opening the ONE V if allowed	Out lides (Office helders are as a control of the c	l- 4	Office health
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	Date	Payee name		
	04/03/2023	7-Eleven		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$47.62	6443 San Pedro Avenue		
		San Antonio, TX 78216		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Travel In District	ļ	Check if Austin TV efficiended in ing eveners
			I	Check if Austin, TX, officeholder living expense  Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	03/09/2023	7-Eleven		
	Amount (\$)	Payee address; City; State; Zip Code	<u></u>	
	\$51.36	6443 San Pedro Avenue	•	
	<b>402.00</b>			
		San Antonio, TX 78216		
	DUDDOCE	· ·	L\	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District	u) T	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in District	İ	Check if Austin, TX, officeholder living expense
			-	Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		

#### SCHEDULE F1

rertising Expense Event Expense Event Expense Loan Repayment/Reimbur

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/87 Rpt: 9/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	02/28/2023	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.53	6443 San Pedro Avenue
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	
	Date	Payee name
	02/21/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.55	6443 San Pedro Avenue
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gas
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
	02/15/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.95	6443 San Pedro Avenue
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		Gas
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

#### **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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/87 Rpt: 10/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	02/13/2023	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.64	6443 San Pedro Avenue
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	02/07/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.87	6443 San Pedro Avenue
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gas
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
	Date	Payee name
	01/23/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.49	6443 San Pedro Avenue
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gas
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
1		
1		

### SCHEDULE F1

**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 explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/87 Rpt: 11/94	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	·
	01/17/2023	7-Eleven	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$46.51	6443 San Pedro Avenue	
		San Antonio, TX 78216	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	4	
	Date	Payee name	
	01/11/2023	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.55	6443 San Pedro Avenue	
		San Antonio, TX 78216	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Gas
			Cus
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	01/09/2023	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.32	6443 San Pedro Avenue	
		San Antonio, TX 78216	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
			Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office Held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			_egal Services		alaries/Wa		e Contract Labor		OTHER (enter a	strict category not listed a	bove)
Credit Card Payment				The Instruction G	uide explains ho	w to com	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 7/87 Rpt: 12/94		Bernal, Dieg	o M. (The Hone	orable)					00070466		
4	Date	5	Payee name									
	03/24/2023		Amtrak									
6	Amount (\$)	7	Payee addres	s; City;	State; 2	Zip Cod	le					
	\$18.00		350 Hoefger	n Avenue								
			San Antonio	, TX 78205								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he ton of this schedu	(alı)	(b)	Description				
	OF EXPENDITURE	ľ		on Equipment &		ile)	. /		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense					ш	, TX,	officeholder living	g expense	
								Train Ticket				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Offi	ce soug	ht			Office h	eld	
		_										
	Date		Payee name									
	06/06/2023		Anderson, C	harles								
	Amount (\$)		Payee addres	•	State; 2	Zip Cod	le					
	\$37.14		P.O. Box 77	52								
			Waco, TX 78	3714								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedu	ıle) (	(b)	Description				
	OF EXPENDITURE		Gift/Awards/	Memorials Exp	ense			<b></b>			plete Schedule T.	
								Committee C		officeholder living	) expense	
	Complete ONLY if direct		Candidate/Offic	eholder name	Offi	ce soug	ht			Office h	eld	
	expenditure to benefit C/OI					<b>.</b>						
-	Date	Π	Payee name									
	06/01/2023		Austin South	npark Hotel								
	Amount (\$)		Payee addres		State; 2	Zin Cod	lo.					
	\$565.76		4140 Govern	-	State, 2	zip Cou	ic					
	φοσοσ		4140 000011	iois itow								
			Austin, TX 7	87 <i>11</i>								
	DUDDOCE	(0)				1,	/b\	December				
	PURPOSE OF	(a)	Category <sub>(See</sub>	e Categories listed at t	he top of this schedu	ıle)	(D)	Description  Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Travel Out 0	District				ш		officeholder living		
								Lodging Durir	ng :	Session		
L												
	Complete ONLY if direct		Candidate/Offic	eholder name	Offi	ce soug	ht			Office h	eld	
	expenditure to benefit C/OI	Н										

#### SCHEDULE F1

#### **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

t Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a contrary set listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 8/87 Rpt: 13/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	05/11/2023	Austin Southpark Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,834.00	4140 Governors Row
		Austin, TX 78744
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	X Check if Austin, TX, officeholder living expense
		Lodging During Session
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	04/12/2023	Austin Southpark Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,834.00	4140 Governors Row
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Lodging During Session
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- capenditare to senont cre-	
	Date	Payee name
	03/13/2023	Austin Southpark Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,834.00	4140 Governors Row
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITUKE	X Check if Austin, TX, officeholder living expense
		Lodging During Session
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/87 Rpt: 14/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	03/10/2023	Austin Southpark Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$139.00	4140 Governors Row
		Austin, TX 78744
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORL	X Check if Austin, TX, officeholder living expense
		Lodging During Session
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
	Date	Payee name
	03/02/2023	Austin Southpark Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$244.53	4140 Governors Row
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District  Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Lodging During Session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/26/2023	Autozone
	Amount (\$)	Payee address; City; State; Zip Code
	\$277.39	4410 Blanco Road
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment & Related  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Vehicle Repair
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	ais Expense	Salaries/V	vages	se s/Contract Labor		OTHER (enter	a category not listed a	bove)
	Credit Cara r ayment			The Instruction	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 10/87 Rpt: 15/94		Bernal, Dieg	o M. (The Ho	norable)					00070466		
4	Date	5	Payee name									
	05/08/2023		Buc-ee's									
6	Amount (\$)	7	Payee addres	s; City;	State	e; Zip Co	de					
	\$28.79		2760 I-35									
			New Braunfo	els, TX 78130	1							
8	PURPOSE	(2)					(h)	Description				
°	OF	(a)	Category <sub>(Se</sub> Travel Out o	e Categories listed a	at the top of this sc	hedule)	(D)	Description  Check if travel	outsi	de of Texas Cor	nplete Schedule T.	
	EXPENDITURE		rraver Out o	DISTRICT						officeholder livin		
								Gas				
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	05/05/2023		Buc-ee's									
	Amount (\$)		Payee addres	s; City;	State	e; Zip Co	de					
	\$7.57		2760 I-35	, ,,								
	*****											
			New Braunf	els, TX 78130	1							
	DUDDOCE	(0)					(h)	5				
	PURPOSE OF	(a)	Calegory <sub>(Se</sub> Travel Out o	e Categories listed a	at the top of this sc	hedule)	(0)	Description  Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		rraver Out 0	DISTILL				<b>=</b>		officeholder livin		
								Gas				
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/08/2023		Buc-ee's									
	Amount (\$)		Payee addres	s; City;	State	e; Zip Co	de					
	\$18.82		2760 I-35									
			New Braunfo	els, TX 78130	)							
	PURPOSE	(a)	Category (Se	e Categories listed a	at the top of this so	hedule)	(b)	Description				
	OF		Travel Out o			,			outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							_	, TX,	officeholder livin	g expense	
								Gas				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	1	Office sou	ght			Office h	eld	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/87 Rpt: 16/94	Bernal, Diego M. (The Honorable)  00070466
4 Date	5 Payee name
01/03/2023	Buc-ee's
6 Amount (\$) \$21.61	7 Payee address; City; State; Zip Code 2760 I-35  New Braunfels, TX 78130
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel Out of District  Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense  Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/17/2023	Buenos Aires Caf
Amount (\$)	Payee address; City; State; Zip Code
\$123.84	1201 E. 6th Street
2022	Austin, TX 78702
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  The Check if Austin, TX, officeholder living expense
	Food/Beverage
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/16/2023	CAVA
Amount (\$)	Payee address; City; State; Zip Code
\$35.01	999 E. Basse Road
	Suite #125
	San Antonio, TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
	Check if Austin, TX, officeholder living expense
	Food and Beverage for Meeting
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/87 Rpt: 17/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	06/12/2023	CAVA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.14	999 E. Basse Road
		Suite #125
		San Antonio, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		1 ood and beverage for weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	06/02/2023	CAVA
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.64	999 E. Basse Road
		Suite #125
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		1 ood and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/30/2023	CAVA
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.45	999 E. Basse Road
		Suite #125
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
		1 ood and beverage for weeding
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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 explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 13/87 Rpt: 18/94	Bernal, Diego M. (The Honorable) 00070466						
4	Date	5 Payee name						
	05/01/2023	CAVA						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$32.45	999 E. Basse Road						
		Suite #125						
		San Antonio, TX 78209						
8	PURPOSE							
0	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Food and Beverage for Meeting						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	-t						
	Date	Payee name						
	04/17/2023	CAVA						
	Amount (\$)							
	\$76.23	999 E. Basse Road						
		Suite #125						
		San Antonio, TX 78209						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Food and Beverage for Meeting						
	Complete ONL V if direct	Condidate/Officeholder name Office cought Office hold						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	•							
	Date	Payee name						
	04/03/2023	CAVA						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$38.45	999 E. Basse Road						
		Suite #125						
		San Antonio, TX 78209						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Food and Beverage for Meeting						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	4						

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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	n Guide explains how to co	mple	te this form.	
1	Total pages Schedule F1:	FILER NAME			3 Filer ID (Eth	nics Commission Filers)
	Sch: 14/87 Rpt: 19/94	Bernal, Diego M. (The H	lonorable)		00070466	
4	Date	Payee name			•	
	03/31/2023	CAVA				
6	Amount (\$)	Payee address; City;	State; Zip Co	de		
	\$38.45	999 E. Basse Road				
		Suite #125				
		San Antonio, TX 78209				
8	PURPOSE	Category (See Categories liste	d at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Food/Beverage Expens	e		Check if travel outside of Texas. Complete S	
					Check if Austin, TX, officeholder living experience and Beverage for Meeting	nse
					Toda and Develage for Meeting	
9	Complete ONLY if direct	Candidate/Officeholder nam	e Office sou	aht	Office held	
·	expenditure to benefit C/O	and date, emberioleer name		9	Silico ficia	
	Date	Payee name				
	03/27/2023	CAVA				
	Amount (\$)	Payee address; City;	State; Zip Co	de		
	\$29.69	999 E. Basse Road	State, Zip Co	uc		
	Ψ23.03	Suite #125				
		San Antonio, TX 78209				
	DUDDOCE			/b\		
	PURPOSE OF	Category (See Categories liste		(D)	Description  Check if travel outside of Texas. Complete 9	Schedule T.
	EXPENDITURE	Food/Beverage Expens	е		Check if Austin, TX, officeholder living expe	
					Food and Beverage for Meeting	
	Complete ONLY if direct	andidate/Officeholder nam	e Office sou	ght	Office held	
	expenditure to benefit C/O					
	Date	Payee name				
	03/27/2023	CAVA				
	Amount (\$)	Payee address; City;	State; Zip Co	de		
	\$29.69	999 E. Basse Road				
		Suite #125				
		San Antonio, TX 78209				
	PURPOSE	Category (See Categories liste	d at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Food/Beverage Expens	e		Check if travel outside of Texas. Complete S	
					Check if Austin, TX, officeholder living experience and Beverage for Meeting	nse
					rood and beverage for Meeting	
	Complete ONLY if direct	candidate/Officeholder nam	e Office sou	aht	Office held	
	expenditure to benefit C/O	andidate/Onicendidei Halli	C Office Sou	grit	Office field	

### SCHEDULE F1

#### **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 Salaries (Contract Labor

ment Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (parter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/87 Rpt: 20/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	03/13/2023	CAVA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.71	999 E. Basse Road
		Suite #125
		San Antonio, TX 78209
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
		1 ood and beverage for infecting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/13/2023	CAVA
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.34	999 E. Basse Road
		Suite #125
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/09/2023	CAVA
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.69	999 E. Basse Road
		Suite #125
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	category not listed above)	
	oreal out a tyment			The Instruction G	uide explains ho	ow to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)
	Sch: 16/87 Rpt: 21/94		Bernal, Dieg	o M. (The Hon	orable)					00070466		
4	Date	5	Payee name									
	03/03/2023		CAVA									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$33.47		999 E. Bass	e Road								
			Suite #125									
			San Antonio	, TX 78209								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he ton of this sched	ule)	(b)	Description				
	OF	<u> </u> `		age Expense	ile top of this serieu	uic)	` ,	·	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			J 1				Check if Austin,	TX,	officeholder livin	g expense	
								Food and Bev	ver	age for Mee	eting	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Off	fice souç	ght			Office h	eld	
	experialiture to beliefit C/OI											
	Date		Payee name									
	02/28/2023		CAVA									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$39.66		999 E. Bass	e Road								
			Suite #125									
			San Antonio	, TX 78209								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	ule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				<u></u>			plete Schedule T.	
	ZA ZADITORZ							<b>—</b>		officeholder livin		
								Food and Bev	ver	age for Mee	eung	
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	soholdor namo	Off	fice soug	nht.			Office h	ald	
	expenditure to benefit C/OI		Januluale/Onic	enoluei name	Oii	nce soug	JIIL			Office II	siu	
_	Data	_										
	Date		Payee name									
	02/21/2023		CAVA									
	Amount (\$)		Payee addres		State;	Zip Coo	de					
	\$49.55		999 E. Bass	e Road								
			Suite #125									
			San Antonio	, TX 78209								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	ule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				ш			plete Schedule T.	
								Food and Bey		officeholder livin		
								. Jou and De	. 010	age for wice	9	
-	Complete ONLY if direct	L(	Candidate/Offic	ceholder name	Off	fice soug	thr			Office h	eld	
	expenditure to benefit C/OI		O III		311	5546	٠٠٠.			000 11		

### SCHEDULE F1

#### **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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/87 Rpt: 22/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	02/21/2023	CAVA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.57	999 E. Basse Road
		Suite #125
		San Antonio, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		1 ood and beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/16/2023	CAVA
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.45	999 E. Basse Road
		Suite #125
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/03/2023	CAVA
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.58	999 E. Basse Road
		Suite #125
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 18/87 Rpt: 23/94	Bernal, Diego M. (The Honorable) 00070466							
4	Date	5 Payee name							
	01/30/2023	CAVA							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$57.34	999 E. Basse Road							
	!	Suite #125							
	!	San Antonio, TX 78209							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
	!	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting							
	!	- ood and Borolago for mooning							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH	H							
	Date	Payee name							
	01/20/2023	CAVA							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$38.45	999 E. Basse Road							
	!	Suite #125							
	!	San Antonio, TX 78209							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
	!	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting							
	!	. 552 4.12 25151495 151 11524119							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH								
	Date	Payee name							
	01/18/2023	CAVA							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$29.69	999 E. Basse Road							
	!	Suite #125							
	!	San Antonio, TX 78209							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
	<u> </u>	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting							
	!	1 ood and beverage for inceding							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								

#### SCHEDULE F1

Advertising Expense Even
Accounting/Banking Fees
Consulting Expense Food
Contributions/ Departings Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
1	Sch: 19/87 Rpt: 24/94	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466	
4	Date	5 Payee name	
	01/17/2023	CÁVA	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$57.34	999 E. Basse Road	
		Suite #125	
		San Antonio, TX 78209	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	$\overline{}$
	OF EXPENDITURE	Food/Beverage Expense	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Food and Beverage for Meeting	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/11/2023	CAVA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.69	999 E. Basse Road	
		Suite #125	
		San Antonio, TX 78209	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Food and Beverage for Meeting	
		1 ood and Bovorage for mooding	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/09/2023	CAVA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.61	999 E. Basse Road	
		Suite #125	
		San Antonio, TX 78209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Food and Beverage for Meeting	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Total names Calcadala 54	
1	Total pages Schedule F1: Sch: 20/87 Rpt: 25/94	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466
4	Date	5 Payee name
	01/06/2023	CAVA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.79	999 E. Basse Road
		Suite #125
		San Antonio, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/05/2023	CAVA
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.11	999 E. Basse Road
		Suite #125
		San Antonio, TX 78209
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
		1 ood and beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/18/2023	Capitol Extension Gift Shop
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code
	\$65.00	1100 Congress Avenue
	Ψ00.00	1100 Congress / Wende
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Television Hanging in Capitol Office
		relevision manging in Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

### SCHEDULE F1

#### **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 explains how to complete this	form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers	;)
	Sch: 21/87 Rpt: 26/94	Bernal, Diego M. (The Honorable)	00070466	
4	Date	5 Payee name	·	
	03/01/2023	Celebrate Excellence Awards		
6	Amount (\$)	7 Payee address; City; State; Zip Code		_
	\$2,673.78	2130 Jackson Keller Road		
		San Antonio, TX 78213		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	ription	
	OF EXPENDITURE	Event Expense	eck if travel outside of Texas. Complete Schedule T.	
			eck if Austin, TX, officeholder living expense a Medals for Food Drive	
		11030	a wedata for 1 dod blive	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI		000	
	Date	Payee name		_
	01/30/2023	Chevron		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$55.76	15359 I-35		
	400.110	1000100		
		Buda, TX 78610		
	PURPOSE			
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Descr	iption eck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel out of District	eck if Austin, TX, officeholder living expense	
		Gas		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
	experience to benefit Gree			
	Date	Payee name		
	03/13/2023	Chipotle		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$43.95	801 Congress Avenue		
		Suite #100		
		Austin, TX 78701		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descr		
	EXPENDITURE	1 000/Beverage Expense	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense	
		l — I —	/Beverage	
			-3 -	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI			
_				

### SCHEDULE F1

#### **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 explains how to complete this form.	
1	Total pages Schedule F1: Sch: 22/87 Rpt: 27/94		Filer ID (Ethics Commission Filers) 00070466
4	Date 05/30/2023	5 Payee name Circle K	
6	Amount (\$) \$40.80	7 Payee address; City; State; Zip Code 5811 San Pedro Avenue	
		San Antonio, TX 78216	
8	PURPOSE OF EXPENDITURE	Traver in District	de of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
	Date 05/15/2023	Payee name Circle K	
	Amount (\$) \$50.85	Payee address; City; State; Zip Code 5811 San Pedro Avenue San Antonio, TX 78216	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outsi	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
	Date 04/24/2023	Payee name Circle K	
	Amount (\$) \$49.89	Payee address; City; State; Zip Code 5811 San Pedro Avenue	
		San Antonio, TX 78216	
	PURPOSE OF EXPENDITURE	Traver in District	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held

### SCHEDULE F1

#### **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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/87 Rpt: 28/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	05/22/2023	Cochran, Zachary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$352.63	16306 Appaloosa Oak
		Selma, TX 78154
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Reimbursement for Office Supplies
		reimbursement for Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Data	Davies same
	Date	Payee name
	01/23/2023	Cochran, Zachary
	Amount (\$)	Payee address; City; State; Zip Code
	\$431.20	16306 Appaloosa Oak
		Selma, TX 78154
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Reimbursement for Office Supplies
		Reimbursement for Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	01/23/2023	Cochran, Zachary
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	16306 Appaloosa Oak
		Selma, TX 78154
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Compliance Services
		Compliance Services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/87 Rpt: 29/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	03/24/2023	Commonwealth Coffee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.14	224 W. Evergreen Street
		San Antonio, TX 78212
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/30/2023	Commonwealth Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.14	224 W. Evergreen Street
		San Antonio, TX 78212
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/12/2023	Curry Boys BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.26	536 E. Courtland Place
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
		Tood and Develage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

**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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 25/87 Rpt: 30/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	03/31/2023	Cypress Caf
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.59	1222 N. Main Avenue
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
		Toda and Dovolage for mooning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Daysa nama
	06/26/2023	Payee name  Demo's Greek Food
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.67	2501 N. St. Mary's Street
		San Antonio, TX 78212
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
	Date	Payee name
	03/14/2023	Desano Pizzeria Napoletana - Downtown Austin
	Amount (\$) \$73.43	Payee address; City; State; Zip Code 301 Lavaca Street
	Φ13.43	
		Suite #200
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food/Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

imbursement Solicitation/Fundraising Expense
ntal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Political Committee Le			Legal Services Printing Expense Printing Expense Salaries/Wages/Contract Labor			OTHER (enter a category not listed above)					
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers	5)
	Sch: 26/87 Rpt: 31/94		Bernal, Dieg	o M. (The Hone	orable)					00070466		
4	Date	5	Payee name									
	01/30/2023		Discount Tire	е								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$363.73		2707 Northw	est Loop 410								
			San Antonio	, TX 78230								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he ton of this sche	dule)	(b)	Description				
	OF EXPENDITURE	ľ		on Equipment &		uuie)	` '	_ `	outsi	de of Texas. Con	pplete Schedule T.	
	EXPENDITURE		Expense					_		officeholder livin	g expense	
								Vehicle Repa	ir			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Of	ffice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	04/11/2023		EKG Gastor	ı's Automotive								
	Amount (\$)		Payee addres	•	State;	Zip Co	de					
	\$980.00		1115 Basse	Road								
			San Antonio	, TX 78212								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			on Equipment &	& Related			<b>-</b>			plete Schedule T.	
			Expense					ш	Check if Austin, TX, officeholder living expense  Vehicle Repair			
								r omero r topo				
	Complete ONLY if direct		Candidate/Offic	eholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI											
_	Date	Π	Payee name									
	03/24/2023		-	's Automotive								
	Amount (\$)		Payee addres		State:	Zip Co	de					
	\$132.61		1115 Basse		State,	Zip Co	uc					
	<b>4102.01</b>		TTTO Basso	rtoad								
			San Antonio	TY 78212								
	DUDDOCE	(0)					/b\	D				
	PURPOSE OF	(a)		e Categories listed at t On Equipment &		dule)	(D)	Description  Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Expense	on Equipment	x Relateu			ш		officeholder livin	•	
								Vehicle Repa	ir			
	Complete ONLY if direct		Candidate/Offic	eholder name	Of	ffice sou	ght			Office h	eld	
L	expenditure to benefit C/O	H 										

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/87 Rpt: 32/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	03/02/2023	EKG Gaston's Automotive
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,036.06	1115 Basse Road
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Verilicie Nepali
Ļ	0 1: 0 11 1 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2023	East Side Pies
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.69	1401 Rosewood Avenue
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		x Check if Austin, TX, officeholder living expense Food/Beverage
		roou/beverage
_	Operation ONLY if allowed	On didn't 10ff a halden game.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2023	Extra Fine
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.33	138 E. Mistletoe
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/Of	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Political Committee L			Legal Services Frinting Expense Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)			
	Credit Card Payment			The Instruction Gu	ide explains how to c	ompl	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	on Filers)
	Sch: 28/87 Rpt: 33/94		Bernal, Dieg	jo M. (The Hono	orable)				00070466		
4	Date	5	Payee name					_			
	04/17/2023		Fiesta at No	rth Star							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
	\$62.49		102 W. Rec	tor Drive							
			San Antonio	. TX 78216							
8	PURPOSE	(a)				(h)	Description				
ľ	OF	(۵)		e Categories listed at th		(5)	:	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		011100 01011	rodd/ (orital Exp	.01.00		Check if Austin	, TX,	officeholder living	g expense	
							Office Supplie	es			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Office so	ught			Office he	eld	
	experionality to benefit C/O										
	Date		Payee name								
	04/10/2023		Formosa Ga	arden							
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$57.25		1011 NE Int	erstate 410 Loo <sub>l</sub>	р						
			San Antonio	, TX 78209							
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE			age Expense	,		<u> </u>			plete Schedule T.	
	LAI LINDITORE						ш		officeholder living		
							Food and Be	ver	age for Mee	eurig	
	Complete ONL V if direct	<u> </u>	Condidate/Offic	ahaldar nama	Office	wabt			Office by	ald	
	Complete ONLY if direct expenditure to benefit C/O		zanuluale/Onic	ceholder name	Office so	ugni			Office h	eiu	
_		_									
	Date		Payee name	and a se							
	03/10/2023		Formosa Ga								
	Amount (\$)		Payee addres	•	State; Zip C	ode					
	\$46.05		1011 NE Int	erstate 410 Loo <sub>l</sub>	р						
			San Antonio	, TX 78209							
	PURPOSE OF	(a)		e Categories listed at th	e top of this schedule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense			ш		de of Texas. Com officeholder living	plete Schedule T.	
							Food and Be				
									<u> </u>	ŭ	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O					-					
I											

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 29/87 Rpt: 34/94	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466
_	<u> </u>	, ,
4	Date	5 Payee name
	02/13/2023	Formosa Garden
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$83.75	1011 NE Interstate 410 Loop
		San Antonio, TX 78209
8	PURPOSE	
ľ	OF	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$	Date	Payee name
	02/06/2023	Formosa Garden
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.76	1011 NE Interstate 410 Loop
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		<u> </u>
	Date	Payee name
	01/30/2023	Formosa Garden
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.42	1011 NE Interstate 410 Loop
		San Antonio, TX 78209
	PURPOSE	and the second s
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/87 Rpt: 35/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	01/23/2023	Formosa Garden
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.11	1011 NE Interstate 410 Loop
		San Antonio, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		1 ood and Beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Dougo nomo
		Payee name
	01/09/2023	Formosa Garden
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.07	1011 NE Interstate 410 Loop
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		Food and beverage for Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 05/08/2023	Payee name
		Freddo ATX
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.29	2336 S. Congress Avenue
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Food/Beverage
		roou/beverage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/87 Rpt: 36/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	04/26/2023	Freytag's Florist
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.93	2211 W. Anderson Lane
		Austin, TX 78757
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense  Staff Birthday Present
		Stan Birthday 1 Tesent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	06/05/2023	Frost Bank
H	Amount (\$)	Payee address; City; State; Zip Code
	\$30.05	P.O. Box 1600
		San Antonio, TX 78296
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Banking Fees
		Dailwing 1 coc
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/05/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.01	P.O. Box 1600
		San Antonio, TX 78296
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Banking Fees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
l		

### SCHEDULE F1

#### **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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 32/87 Rpt: 37/94	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	
	06/05/2023	Frost Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.27	P.O. Box 1600	
		San Antonio, TX 78296	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	· · · · · · / · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE	,	n, TX, officeholder living expense
		Banking Fee	S
_	0 1: 0 1: 0		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/10/2023	Frost Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.00	P.O. Box 1600	
		San Antonio, TX 78296	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1003	outside of Texas. Complete Schedule T.
		Banking Fee	n, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	05/03/2023	Frost Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.05	P.O. Box 1600	
	400.00	1.0. Box 2000	
		San Antonio, TX 78296	
	DUDDOOF	ļ	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663	n, TX, officeholder living expense
		Banking Fee	S
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H 	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/87 Rpt: 38/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	05/03/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.01	P.O. Box 1600
		San Antonio, TX 78296
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Banking Fees
		Daiming 1 000
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	the state of the s
┡		
	Date	Payee name
L	05/03/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.27	P.O. Box 1600
		San Antonio, TX 78296
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Banking Fees
		Ballking Fees
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
H		
	Date	Payee name
	04/03/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.05	P.O. Box 1600
l		
		San Antonio, TX 78296
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Banking Fees
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft G/O	·
_		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/87 Rpt: 39/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	04/03/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.01	P.O. Box 1600
		San Antonio, TX 78296
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Banking Fees
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.27	P.O. Box 1600
		San Antonio, TX 78296
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Banking Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	'	
	Date	Payee name
	03/03/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.05	P.O. Box 1600
		San Antonio, TX 78296
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Banking Fees
_	Commission ONU V if alice	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/87 Rpt: 40/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	03/03/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.01	P.O. Box 1600
		San Antonio, TX 78296
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Banking Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	03/03/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.27	P.O. Box 1600
		San Antonio, TX 78296
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Banking Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	02/03/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.01	P.O. Box 1600
		San Antonio, TX 78296
	PURPOSE	las
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Banking Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

**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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/87 Rpt: 41/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	02/03/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.05	P.O. Box 1600
		San Antonio, TX 78296
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Banking Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/03/2023	Frost Bank
┢	Amount (\$)	Payee address; City; State; Zip Code
	\$20.01	P.O. Box 1600
		San Antonio, TX 78296
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Banking Fees
		Danking rees
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>o</b>
F	Date	Payee name
	01/03/2023	Frost Bank
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$220.68	P.O. Box 1600
		San Antonio, TX 78296
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Banking Fees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
ı		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/87 Rpt: 42/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	01/03/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.95	P.O. Box 1600
		San Antonio, TX 78296
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Banking Fees
		Danking 1 ccs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	01/03/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	P.O. Box 1600
		San Antonio, TX 78296
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Banking Fees
		Daining Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	D-4-	
	Date	Payee name
	05/03/2023	Gates, Gary
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	2205 Avenue I
		Rosenberg, TX 77471
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Committee Chairman Gift
		Committee Chairman Gilt
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊢		

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

g Expense Travel
es/Wages/Contract Labor OTHE

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/87 Rpt: 43/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	05/26/2023	Golden Wok
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.55	8822 Wurzbach Road
		San Antonio, TX 78240
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		1 ood and beverage for weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
-	Date	Dove name
	06/28/2023	Payee name
		Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Website Hosting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Para a sana
	Date	Payee name
	06/05/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Website Hosting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/87 Rpt: 44/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	05/04/2023	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Website Hosting
		Website Hosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/05/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Website Hosting
		website Hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/03/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Website Hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 40/87 Rpt: 45/94	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466
4	Date	5 Payee name
	02/06/2023	Google
6	Amount (\$) \$6.40	<ul><li>7 Payee address; City; State; Zip Code</li><li>1600 Amphitheatre Parkway</li></ul>
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website Hosting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.65	1600 Amphitheatre Parkway
	Ψ0.00	2000 / Impilitiodito Faitway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Website Hosting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/27/2023	Grimaldi's Pizzeria
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.37	330 E. Basse Road
	400.01	
		Suite #101
		San Antonio, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 41/87 Rpt: 46/94	Bernal, Diego M. (The Honorable) 00070466
4 Date	5 Payee name
06/13/2023	HEB Fuel
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$39.90	2965 I-35
	New Braunfels, TX 78130
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Gas
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/21/2023	Halfday Travel
Amount (\$)	Payee address; City; State; Zip Code
\$106.10	151 W. 25th Street
Ψ100.10	5th Floor
	New York, NY 10001
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Cift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Staff Appreciation Gift
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
03/06/2023	Hanzo
Amount (\$)	Payee address; City; State; Zip Code
\$71.54	7701 Broadway
	Suite #124
	San Antonio, TX 78209
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Food and Beverage for Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	л

### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 42/87 Rpt: 47/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	03/15/2023	Harland Clarke
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.77	5800 Northwest Parkway
		San Antonio, TX 78249
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Checks
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Douge name
	06/01/2023	Payee name Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.35	10019 S. I-35 Frontage Road
		Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Water Delivery for Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	05/01/2023	Payee name Hill Country Springs
		F
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.36	10019 S. I-35 Frontage Road
		Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Water Delivery for Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/87 Rpt: 48/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	04/03/2023	Hill Country Springs
6	Amount (\$) \$41.72	7 Payee address; City; State; Zip Code 10019 S. I-35 Frontage Road
		Austin, TX 78747
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Water Delivery for Office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/02/2023	Hill Country Springs
	Amount (\$) \$46.36	Payee address; City; State; Zip Code  10019 S. I-35 Frontage Road  Austin, TX 78747
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Water Delivery for Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2023	Hill Country Springs
	Amount (\$) \$11.37	Payee address; City; State; Zip Code 10019 S. I-35 Frontage Road
		Austin, TX 78747
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Water Delivery for Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/87 Rpt: 49/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	03/06/2023	Holy Smoke BBQ & Taquitos
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.30	5535 N. Loop 1604 W.
		San Antonio, TX 78249
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		1 ood and beverage for wiceling
9	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_		
	Date	Payee name
	01/30/2023	Hot Joy
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.98	1014 S. Alamo Street
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/30/2023	Jersey Mike's Subs
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.02	999 E. Basse Road
		Suite #178
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

**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

	Credit Card Payment	The Instruction Guide explains how to complete this form	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 45/87 Rpt: 50/94	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	
	05/31/2023	Jersey Mike's Subs	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$42.40	999 E. Basse Road	
		Suite #178	
		San Antonio, TX 78209	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if the control of this schedule is the control of this schedule is the control of this schedule.	1 ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/Beverage Expense	Austin, TX, officeholder living expense
		Food and	Beverage for Meeting
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/01		
	Date	Payee name	
	05/17/2023	Jersey Mike's Subs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.83	999 E. Basse Road	
		Suite #178	
		San Antonio, TX 78209	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000/Develage Expense	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		l — l —	Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	04/25/2023	Jersey Mike's Subs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.42	999 E. Basse Road	
		Suite #178	
		San Antonio, TX 78209	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000/Develage Expense	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		l —	Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	

#### SCHEDULE F1

#### **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 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)

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 46/87 Rpt: 51/94 Bernal, Diego M. (The Honorable) 00070466 4 Date Payee name 04/03/2023 Jersey Mike's Subs 6 Amount (\$) Payee address; State; Zip Code \$71.12 999 E. Basse Road Suite #178 San Antonio, TX 78209 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food and Beverage for Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/21/2023 Jersey Mike's Subs Amount (\$) Payee address; City; State; Zip Code \$35.35 999 E. Basse Road Suite #178 San Antonio, TX 78209 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food and Beverage for Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/27/2023 Jersey Mike's Subs Amount (\$) Payee address: City; State; Zip Code \$46.31 999 E. Basse Road Suite #178 San Antonio, TX 78209 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food and Beverage for Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

#### **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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 47/87 Rpt: 52/94	Bernal, Diego M. (The Honorable) 00070466	
4	Date	5 Payee name	
	02/21/2023	Jersey Mike's Subs	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$29.35	999 E. Basse Road	
		Suite #178	
		San Antonio, TX 78209	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Food and Beverage for Meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	<del>1</del>	
	Date	Payee name	
	02/01/2023	Jersey Mike's Subs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.84	999 E. Basse Road	
		Suite #178	
		San Antonio, TX 78209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Food/Beverage Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Food and Beverage for Meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OI	<b>y</b>	
	Date	Payee name	=
	01/23/2023	Jersey Mike's Subs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.84	999 E. Basse Road	
		Suite #178	
		San Antonio, TX 78209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Food and Beverage for Meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
			_

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waces/Contract Labor

	Candidate/Officeholder/Politica			Legal Services		Salaries/W		e /Contract Labor		OTHER (enter	istrict a category not listed a	above)
	Credit Card Payment			The Instruction G	uide explains ho	w to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 48/87 Rpt: 53/94		Bernal, Dieg	go M. (The Hon	orable)					00070466		
4	Date	5	Payee name						_			
	01/19/2023		Jersey Mike	's Subs								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Coo	de					
	\$35.45		999 E. Bass	e Road								
			Suite #178									
			San Antonio	, TX 78209								
8	PURPOSE	(a)		e Categories listed at	the ten of this cohed	(مایی	(b)	Description				
ľ	OF	(")		age Expense	tne top of this scheal	uie)	()		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			9				Check if Austin	, TX,	officeholder livin	g expense	
								Food and Be	ver	age for Me	eting	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Off	ice soug	ght			Office h	eld	
	experientare to benefit 6/01	· ·										
	Date		Payee name									
	01/10/2023		Jersey Mike	's Subs								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Coo	de					
	\$44.16		999 E. Bass	e Road								
			Suite #178									
			San Antonio	, TX 78209								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				<b>=</b>			nplete Schedule T.	
								Food and Be		officeholder livin		
								roou and be	VCI	age for Med	zung	
_	Complete ONLY if direct	<u> </u>		ceholder name	Off	ice soug	thr			Office h	eld	
	expenditure to benefit C/O		Janaiaate/Onic	scrioidei riame	Oili	ice soug	giit			Office I	Ciu	
_	Date		Davisa nama									
	01/09/2023		Payee name Jersey Mike	's Suhs								
			-		Ctata:	Zin Cod	do					
	Amount (\$) \$32.70		Payee addres 999 E. Bass		State;	Zip Cot	ue					
	Ψ32.10		Suite #178	ic road								
				TV 70000								
			San Antonio				<i>.</i>					
	PURPOSE OF	(a)		e Categories listed at	the top of this schedu	ule)	(b)	Description	nutei	de of Teyes Cor	nplete Schedule T.	
	EXPENDITURE		F000/Bevera	age Expense						officeholder livin		
								Food and Be				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	ice souç	ght			Office h	eld	
	expenditure to benefit C/O	Н										

### SCHEDULE F1

Trising Expense Event Expense Loan Repayment/Reinburg

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 49/87 Rpt: 54/94	Bernal, Diego M. (The Honorable) 00070466	
4	Date	5 Payee name	_
	06/12/2023	Last Place Burgers	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.08	723 N. Alamo Street	
		San Antonio, TX 78215	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Food and Beverage for Meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	<del>-</del>	
F	Date	Payee name	=
	02/16/2023	Legislative Study Group	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$1,000.00	P.O. Box 12943	
		Austin, TX 78711	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
l	OF EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Membership Dues	
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
⊨	Data	Davies same	_
	Date 01/18/2023	Payee name Lucky Noodle	
┝	Amount (\$)		_
	\$29.69	Payee address; City; State; Zip Code 8525 Blanco Road	
	Ψ29.09	0323 Bidi leo Nodd	
l		San Antonio, TX 78216	
	DUDDOCE		_
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Food and Beverage for Meeting	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorate to betterit C/OI	1	

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 50/87 Rpt: 55/94	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers 00070466	s)
4	Date 05/10/2023	5 Payee name Lyft	
	Amount (\$) \$8.92	7 Payee address; City; State; Zip Code 185 Berry Street Suite #5000 San Francisco, CA 94107	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transport to/from State Capitol	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date 03/24/2023	Payee name Lyft	
	Amount (\$) \$19.72	Payee address; City; State; Zip Code  185 Berry Street  Suite #5000  San Francisco, CA 94107	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transport to/from State Capitol	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 03/28/2023	Payee name M&M Food Mart #1	
	Amount (\$) \$50.23	Payee address; City; State; Zip Code 4400 E. Ben White Boulevard	
		Austin, TX 78741	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

**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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/87 Rpt: 56/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	03/13/2023	Medina River Coffee Roasters
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.63	11825 West Avenue
		Suite #101
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPLINDITORL	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
_	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>-</u>	
	Date	Payee name
	01/13/2023	Medina River Coffee Roasters
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.99	11825 West Avenue
		Suite #101
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		Food and beverage for infecting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
_	Data	Davies same
	Date 01/13/2023	Payee name  Medina River Coffee Roasters
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.79	11825 West Avenue
		Suite #101
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
		1 ood and Bovolage for meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Vages	s/Contract Labor		OTHER (enter a	category not listed above)	
		The Instruction Guide explains how to co	mpi	ete this form.	_			_
1	Total pages Schedule F1:				3	Filer ID	(Ethics Commission Filers)	
	Sch: 52/87 Rpt: 57/94	Bernal, Diego M. (The Honorable)				00070466		
4	Date	Payee name						
	02/10/2023	Noodle Tree						
6	Amount (\$)	Payee address; City; State; Zip Co	de					_
	\$66.25	7114 UTSA Boulevard						
		Suite #101						
		San Antonio, TX 78249						
8	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b)	Description				_
	OF	Food/Beverage Expense	` '		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	. com/2010.agc 2.xpoi.ico				, officeholder living		
				Food and Be	vei	age for Mee	ting	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght			Office he	eld	
								_
	Date	Payee name						
	03/21/2023	North East Bexar County Democrats						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$250.00	P.O. Box 700766						
		San Antonio, TX 78270						
	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Contributions/Donations Made By				ide of Texas. Com		
	2/11/2/10/12	Candidate/Officeholder/Political Committee		$\Box$		, officeholder living		
				Donation for t	ווט	iing with Der	nocrats Event	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt			Office he	ald.	_
	expenditure to benefit C/OI	Candidate/Officeholder name Office sou	igni			Office he	eiu	
								_
	Date	Payee name						
	05/08/2023	Olmos Elementry PTA						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$200.00	1103 Allena Drive						
		San Antonio, TX 78213						
	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Contributions/Donations Made By		ш		ide of Texas. Com		
	LAFENDITORE	Candidate/Officeholder/Political Committee				, officeholder living		
				Tacos for Tea	acr	ier Appreciai	tion	
			Ļ					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght			Office he	eld	
	Superiord to benefit 0/01							

### SCHEDULE F1

#### **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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/87 Rpt: 58/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	02/22/2023	Pappadeaux Seafood Kitchen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$158.88	76 NE Interstate 410 Loop
		San Antonio, TX 78216
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if the relevant of Taylor Camplete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experional to benefit C/Or	
	Date	Payee name
	04/10/2023	Patty's Taco House
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.78	2422 S. Hackberry Street
		San Antonio, TX 78210
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	
	Date	Payee name
	06/21/2023	Peter Piper Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.76	4474 Fredericksburg Road
		Poloonoo Hoighto, TV 70201
	DUDD005	Balcones Heights, TX 78201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/87 Rpt: 59/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	06/02/2023	Peter Piper Pizza
6	Amount (\$) \$37.76	7 Payee address; City; State; Zip Code 4474 Fredericksburg Road
		Balcones Heights, TX 78201
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/24/2023	Peter Piper Pizza
	Amount (\$) \$48.52	Payee address; City; State; Zip Code 4474 Fredericksburg Road
		Balcones Heights, TX 78201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/21/2023	Payee name Poetic Republic Coffee and Wine Co.
	Amount (\$) \$17.59	Payee address; City; State; Zip Code 2330 S. Presa Street
		San Antonio, TX 78210
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 55/87 Rpt: 60/94	Bernal, Diego M. (The Honorable)		00070466	
4	Date	5 Payee name	•		
	04/17/2023	Poetic Republic Coffee and Wine Co.			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$22.66	2330 S. Presa Street			
		San Antonio, TX 78210			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Food/Beverage Expense	Check if travel out		
	EXI ENDITORE		Check if Austin, T		
			Food and Beve	rage for Mee	eung
_	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	old
	expenditure to benefit C/O			Office II	eiu
	Date	Payee name			
	04/10/2023	Poetic Republic Coffee and Wine Co.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$17.59	2330 S. Presa Street			
		San Antonio, TX 78210			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	EXPENDITURE	Food/Beverage Expense	Check if travel out Check if Austin, TX	side of Texas. Con	
			Food and Beve		
					•
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/O	1			
	Date	Payee name			
	02/06/2023	Poetic Republic Coffee and Wine Co.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$15.56	2330 S. Presa Street			
		San Antonio, TX 78210			
	PURPOSE		Description		
	OF	Food/Beverage Expense	Check if travel out	side of Texas. Con	nplete Schedule T.
	EXPENDITURE	. 000, 2010 ago 2. xpo. 100	Check if Austin, TX		
			Food and Beve	rage for Mee	eting
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office h	eld
	experience to belieff C/O	•			

### SCHEDULE F1

**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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 56/87 Rpt: 61/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	04/18/2023	Prestige Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,159.37	8 Burwood Lane
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing and Postage for Mailers
		Timing and Footage for Mailers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name  Oi Austin: Modern Asian Kitchen
	05/09/2023	Qi Austin: Modern Asian Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$155.91	835 W. 6th Street
		Suite #114
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food/Beverage
		Food/Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/14/2023	Quattro Gatti Ristorante e Pizzeria
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.66	908 Congress Avenue
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	X Check if Austin, TX, officeholder living expense
		Food/Beverage
	2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	mmittee	Legal S		·		/ages	/Contract Labor		Travel Out OTHER (e		strict category not listed above)
	·	_			struction G	uide explains	now to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID		(Ethics Commission Filers)
	Sch: 57/87 Rpt: 62/94	_	Bernal, Die	go M.	(The Hone	orable)					000704	66	
4	Date	5	Payee name										
	03/15/2023		Radio Coffe	e and	l Beer								
6	Amount (\$)	7	Payee addres	ss;	City;	State	e; Zip Co	de					
	\$9.04		4204 Mench		Road								
	2 -												
			Augtin TV	70704									
L		_	Austin, TX 7										
8	PURPOSE OF	(a)	Category (Se			he top of this sc	hedule)	(b)	Description				
	EXPENDITURE		Food/Bever	age E	xpense								plete Schedule T.
									X Check if Austin		, onicendidei	ııvıng	j expense
									i Journeveld	ye			
Ļ													
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offi	cehold	er name		Office sou	ght			Offic	e he	eld
L													
	Date		Payee name	_									
	03/15/2023		Ramen Tats	su-Ya									
	Amount (\$)		Payee addres	ss;	City;	State	e; Zip Co	de					
	\$83.38		1600 E. 6th	Stree	ŧt								
			Austin, TX 7	7870つ									
_	DUDD00-	_					1						
	PURPOSE OF	(a)	Category (Se			he top of this sc	hedule)	(b)	Description	a	ide of T	0	wlata Cabadula T
	EXPENDITURE		Food/Bever	age E	xpense				Check if travel				plete Schedule T.
									Food/Bevera		, omcendidei	vii iy	y experies
									. 554,567614	ອິ			
$\vdash$	Complete ONLY if direct	Ц,	Candidate/Offi	cehold	er name		Office sou	abt			∩ffi	e he	əld
	expenditure to benefit C/O		Januiuale/UIII	cenoiu	ici name		Onice Sou	grit			Oili	e ne	Jiu
L		_											
	Date		Payee name										
L	05/17/2023	L	Reed's Flov	vers									
	Amount (\$)		Payee addres	ss;	City;	State	e; Zip Co	de					
	\$113.66		1029 Austin	Aven	nue								
			Waco, TX 7	6701									
	PURPOSE	(a)	Category (Se	ee Cateo	ories listed at t	he top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Gift/Awards				<i>'</i>		Check if travel				plete Schedule T.
	EXPENDITURE				•				Check if Austin				
									Flowers for M	1en	norial Se	rvic	е
	Complete ONLY if direct		Candidate/Offi	cehold	er name		Office sou	ght			Offic	e he	eld
	expenditure to benefit C/O	H											

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 58/87 Rpt: 63/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	06/30/2023	Rhine West
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$535.50	8926 Broadway
		San Antonio, TX 78217
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Vernole Repair
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	•	
	Date	Payee name
	03/16/2023	Royal Blue Grocery
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.43	609 Congress Avenue
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		1 oou/Develage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/06/2023	Sari Sari Supper Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$151.15	10234 TX-151
		Suite #102
		San Antonio, TX 78251
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

### SCHEDULE F1

**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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 59/87 Rpt: 64/94	Bernal, Diego M. (The Honorable)		00070466
4	Date	5 Payee name		•
	06/28/2023	Sawasdee Thai Cuisine		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$49.56	6407 Blanco Road		
		San Antonio, TX 78216		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LXI LIIDITORE			Check if Austin, TX, officeholder living expense
				Food and Beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		giit	Office field
-	Date	Payee name		
	05/30/2023	Sawasdee Thai Cuisine		
-	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$45.53	6407 Blanco Road	uc	
	Ψ 10.00	o for Blanco Road		
		San Antonio, TX 78216		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Food and Beverage for Meeting
				3
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	03/24/2023	Scarborough, Ray		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$500.00	7135 Gallery Ridge		
		San Antonio, TX 78250		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Art Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		<b>J</b>	

### SCHEDULE F1

**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

	Credit Card Payment	The Instruction Guide explains how to complete th	his form.
1	Total pages Schedule F1: Sch: 60/87 Rpt: 65/94	2 FILER NAME Bernal, Diego M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070466
4	Date 05/19/2023	5 Payee name Shell	l
6	Amount (\$) \$2.91	7 Payee address; City; State; Zip Code 31 N. I-35	
8	PURPOSE OF EXPENDITURE	Travel In District	SCRIPTION  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 05/19/2023	Payee name Shell	
	Amount (\$) \$46.87	Payee address; City; State; Zip Code 31 N. I-35	
		Austin, TX 78702	
	PURPOSE OF EXPENDITURE	Travel In District	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 03/15/2023	Payee name Shell	
	Amount (\$) \$47.06	Payee address; City; State; Zip Code 31 N. I-35	
		Austin, TX 78702	
	PURPOSE OF EXPENDITURE	Travel In District	Scription 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

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment	-		Wages/	Contract Labor	Travel Out of Dis OTHER (enter a	category not listed above)
		TO Culac explains now to co	Jilipic			
		lonorable)		[3		(Ethics Commission Filers)
Oct.: 01/07 Ttpt: 00/04						
Date	5 Payee name					
03/06/2023	Shell					
Amount (\$)	7 Payee address: City:	State: 7in Co	ode			
` '		State, Zip Ct	oue			
\$30.00	31 N. I-35					
	Austin TX 78702					
			1			
	(a) Category (See Categories liste	d at the top of this schedule)	(b)	_		
	Travel In District			<b>=</b>		
EXI ENDITORE				Check if Austin,	ΓX, officeholder living	g expense
				Gas		
Complete ONLY if direct	Candidate/Officeholder nam	e Office sou	ıaht		Office he	old
		0 01100 000	agiit		Omoc m	oru -
Date	Payee name					
03/27/2023	Singhs Vietnamese					
Amount (\$)	Payee address: City:	State: 7in Co	ode			
, ,	, , , , , , , , , , , , , , , , , , , ,		oue			
\$40.36	2803 N. St. Mary's Stree	et				
	San Antonio, TX 78215					
	San Antonio, TX 78215		la,			
PURPOSE	San Antonio, TX 78215 (a) Category (See Categories liste	d at the top of this schedule)	(b)	Description		
OF			(b)	Check if travel ou	utside of Texas. Com	
	(a) Category (See Categories liste			Check if travel ou	ΓX, officeholder living	g expense
OF	(a) Category (See Categories liste			Check if travel ou	ΓX, officeholder living	g expense
OF	(a) Category (See Categories liste			Check if travel ou	ΓX, officeholder living	g expense
OF	(a) Category (See Categories liste	e		Check if travel ou	ΓX, officeholder living	g expense sting
OF EXPENDITURE	(a) Category (See Categories liste Food/Beverage Expens	e		Check if travel ou	TX, officeholder living erage for Mee	g expense sting
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	(a) Category (See Categories liste Food/Beverage Expens	e		Check if travel ou	TX, officeholder living erage for Mee	g expense sting
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF	(a) Category (See Categories liste Food/Beverage Expens  Candidate/Officeholder name	e		Check if travel ou	TX, officeholder living erage for Mee	g expense sting
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	(a) Category (See Categories liste Food/Beverage Expens  Candidate/Officeholder name	e		Check if travel ou	TX, officeholder living erage for Mee	g expense sting
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 01/13/2023	(a) Category (See Categories liste Food/Beverage Expens  Candidate/Officeholder name  Payee name  Singhs Vietnamese	e Office sou	ught	Check if travel ou	TX, officeholder living erage for Mee	g expense sting
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 01/13/2023  Amount (\$)	(a) Category (See Categories liste Food/Beverage Expens  Candidate/Officeholder name  Payee name  Singhs Vietnamese  Payee address; City;	e Office sou State; Zip Co	ught	Check if travel ou	TX, officeholder living erage for Mee	g expense sting
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 01/13/2023	(a) Category (See Categories liste Food/Beverage Expens  Candidate/Officeholder name  Payee name  Singhs Vietnamese	e Office sou State; Zip Co	ught	Check if travel ou	TX, officeholder living erage for Mee	g expense sting
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 01/13/2023  Amount (\$)	(a) Category (See Categories liste Food/Beverage Expens  Candidate/Officeholder name  Payee name  Singhs Vietnamese  Payee address; City;	e Office sou State; Zip Co	ught	Check if travel ou	TX, officeholder living erage for Mee	g expense sting
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 01/13/2023  Amount (\$)	(a) Category (See Categories liste Food/Beverage Expens  Candidate/Officeholder name  Payee name  Singhs Vietnamese  Payee address; City;	e Office sou State; Zip Co	ught	Check if travel ou	TX, officeholder living erage for Mee	g expense sting
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 01/13/2023  Amount (\$)  \$56.34	(a) Category (See Categories liste Food/Beverage Expens  Candidate/Officeholder name  Payee name Singhs Vietnamese  Payee address; City; 2803 N. St. Mary's Street  San Antonio, TX 78215	e Office sou State; Zip Co	ught	Check if travel ou Check if Austin, 1 Food and Beve	TX, officeholder living erage for Mee	g expense sting
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 01/13/2023  Amount (\$)	(a) Category (See Categories lister Food/Beverage Expens  Candidate/Officeholder name  Payee name Singhs Vietnamese  Payee address; City; 2803 N. St. Mary's Street  San Antonio, TX 78215  (a) Category (See Categories lister)	e Office sou  State; Zip Coet  d at the top of this schedule)	ught	Check if travel ou Check if Austin, 1 Food and Beve	rx, officeholder living erage for Mee Office ho	g expense eting
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 01/13/2023  Amount (\$)  \$56.34	(a) Category (See Categories liste Food/Beverage Expens  Candidate/Officeholder name  Payee name Singhs Vietnamese  Payee address; City; 2803 N. St. Mary's Street  San Antonio, TX 78215	e Office sou  State; Zip Coet  d at the top of this schedule)	ught	Check if travel ou Check if Austin, 1 Food and Beve  Description Check if travel ou	TX, officeholder living erage for Mee Office ho	g expense eting eld  uplete Schedule T.
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 01/13/2023  Amount (\$)  \$56.34	(a) Category (See Categories lister Food/Beverage Expens  Candidate/Officeholder name  Payee name Singhs Vietnamese  Payee address; City; 2803 N. St. Mary's Street  San Antonio, TX 78215  (a) Category (See Categories lister)	e Office sou  State; Zip Coet  d at the top of this schedule)	ode (b)	Check if travel ou Check if Austin, 1 Food and Beve  Description Check if travel ou Check if Austin, 1	erage for Mee Office he	g expense  eld  plete Schedule T. g expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 01/13/2023  Amount (\$)  \$56.34	(a) Category (See Categories lister Food/Beverage Expens  Candidate/Officeholder name  Payee name Singhs Vietnamese  Payee address; City; 2803 N. St. Mary's Street  San Antonio, TX 78215  (a) Category (See Categories lister)	e Office sou  State; Zip Coet  d at the top of this schedule)	ode (b)	Check if travel ou Check if Austin, 1 Food and Beve  Description Check if travel ou	erage for Mee Office he	g expense  eld  plete Schedule T. g expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 01/13/2023  Amount (\$)  \$56.34	(a) Category (See Categories lister Food/Beverage Expens  Candidate/Officeholder name  Payee name Singhs Vietnamese  Payee address; City; 2803 N. St. Mary's Street  San Antonio, TX 78215  (a) Category (See Categories lister)	e Office sou  State; Zip Coet  d at the top of this schedule)	ode (b)	Check if travel ou Check if Austin, 1 Food and Beve  Description Check if travel ou Check if Austin, 1	erage for Mee Office he	g expense  eld  plete Schedule T. g expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 01/13/2023  Amount (\$)  \$56.34  PURPOSE OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories liste Food/Beverage Expens  Candidate/Officeholder name  Payee name Singhs Vietnamese  Payee address; City; 2803 N. St. Mary's Street  San Antonio, TX 78215  (a) Category (See Categories liste Food/Beverage Expens)  Candidate/Officeholder name	e Office sou  State; Zip Coet  d at the top of this schedule)	ode (b)	Check if travel ou Check if Austin, 1 Food and Beve  Description Check if travel ou Check if Austin, 1	erage for Mee Office he	g expense etting eld eplete Schedule T. g expense etting
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 01/13/2023  Amount (\$)  \$56.34  PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Food/Beverage Expens  Candidate/Officeholder name  Payee name Singhs Vietnamese  Payee address; City; 2803 N. St. Mary's Street  San Antonio, TX 78215  (a) Category (See Categories liste Food/Beverage Expens)  Candidate/Officeholder name	e Office sou  State; Zip Coet  d at the top of this schedule)	ode (b)	Check if travel ou Check if Austin, 1 Food and Beve  Description Check if travel ou Check if Austin, 1	erage for Mee  Office he  utside of Texas. Com  TX, officeholder living	g expense etting eld eplete Schedule T. g expense etting
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 01/13/2023  Amount (\$)  \$56.34  PURPOSE OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories liste Food/Beverage Expens  Candidate/Officeholder name  Payee name Singhs Vietnamese  Payee address; City; 2803 N. St. Mary's Street  San Antonio, TX 78215  (a) Category (See Categories liste Food/Beverage Expens)  Candidate/Officeholder name	e Office sou  State; Zip Coet  d at the top of this schedule)	ode (b)	Check if travel ou Check if Austin, 1 Food and Beve  Description Check if travel ou Check if Austin, 1	erage for Mee  Office he  utside of Texas. Com  TX, officeholder living	g expense etting eld eplete Schedule T. g expense etting
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 01/13/2023  Amount (\$)  \$56.34  PURPOSE OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories liste Food/Beverage Expens  Candidate/Officeholder name  Payee name Singhs Vietnamese  Payee address; City; 2803 N. St. Mary's Street  San Antonio, TX 78215  (a) Category (See Categories liste Food/Beverage Expens)  Candidate/Officeholder name	e Office sou  State; Zip Coet  d at the top of this schedule)	ode (b)	Check if travel ou Check if Austin, 1 Food and Beve  Description Check if travel ou Check if Austin, 1	erage for Mee  Office he  utside of Texas. Com  TX, officeholder living	g expense etting eld eplete Schedule T. g expense etting
	Sch: 61/87 Rpt: 66/94  Date  03/06/2023  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date	Date 03/06/2023  Amount (\$)  \$30.00  7 Payee address; City; 31 N. I-35  Austin, TX 78702  PURPOSE OF EXPENDITURE  (a) Category (See Categories liste Travel In District  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Singhs Vietnamese  Amount (\$)  Payee address; City;	Sch: 61/87 Rpt: 66/94  Date 03/06/2023  Amount (\$)  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel In District  Candidate/Officeholder name Office sore expenditure to benefit C/OH  Payee name Singhs Vietnamese Amount (\$)  Payee address; City; State; Zip Complete ONLY if direct expenditure to benefit C/OH  Payee name Singhs Vietnamese Amount (\$)  Payee address; City; State; Zip Complete City; State; Zip Compl	Sch: 61/87 Rpt: 66/94  Date 03/06/2023  Amount (\$)  PURPOSE OF EXPENDITURE  Candidate/Officeholder name 03/27/2023  Amount (\$)  Payee name Singhs Vietnamese  Shell  City; State; Zip Code (b)  Travel In District  Candidate/Officeholder name Office sought  Payee name Singhs Vietnamese  Payee address; City; State; Zip Code	Sch: 61/87 Rpt: 66/94 Bernal, Diego M. (The Honorable)  Date 03/06/2023 5 Payee name Shell  Amount (\$) 7 Payee address; City; State; Zip Code 31 N. I-35  Austin, TX 78702  PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel or Check if Austin, Gas  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Singhs Vietnamese  Amount (\$) Payee address; City; State; Zip Code	Sch: 61/87 Rpt: 66/94 Bernal, Diego M. (The Honorable) 00070466  Date 03/06/2023 Shell  Amount (\$) 7 Payee address; City; State; Zip Code 31 N. I-35  Austin, TX 78702  PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (Check if Austin, TX, officeholder living Gas)  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Singhs Vietnamese  Amount (\$) Payee address; City; State; Zip Code

### SCHEDULE F1

#### **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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 62/87 Rpt: 67/94	Bernal, Diego M. (The Honorable) 00070466	
4	Date	5 Payee name	
	04/07/2023	Speedy Stop	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.68	22553 I-35	
		Kyle, TX 78640	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Gas	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	=
	06/20/2023	Station Cafe	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$11.82	108 King William Street	
		San Antonio, TX 78216	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting	
		r ood and Bovorago for Mooting	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	1	
F	Date	Payee name	=
	01/31/2023	Station Cafe	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$23.71	108 King William Street	
		San Antonio, TX 78216	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting	
		1 ood and beverage for infecting	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_
ı			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 63/87 Rpt: 68/94	2 FILER NAME Bernal, Diego M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070466
4	Date 06/14/2023	5 Payee name T-Mobile	
6	Amount (\$) \$109.73	7 Payee address; City; State; Zip Code 634 NW Interstate 410 Loop	
8	PURPOSE OF EXPENDITURE	Office Overficad/Northal Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 05/15/2023	Payee name T-Mobile	
	Amount (\$) \$109.73	Payee address; City; State; Zip Code 634 NW Interstate 410 Loop San Antonio, TX 78216	
	PURPOSE OF EXPENDITURE	Onice Overneda/Nerital Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ne
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/18/2023	Payee name T-Mobile	
	Amount (\$) \$109.73	Payee address; City; State; Zip Code 634 NW Interstate 410 Loop	
		San Antonio, TX 78216	
	PURPOSE OF EXPENDITURE	Onice Overnedd/Nerital Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations N Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salaries/	Wage	s/Contract Labor		OTHER (enter a	category not listed above)	
	oroun oura'r aymone			The Instruction Gu	ide explains how to c	ompl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission F	ilers)
	Sch: 64/87 Rpt: 69/94		Bernal, Dieg	o M. (The Hono	rable)				00070466		
4	Date	5	Payee name								
	03/14/2023		T-Mobile								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
	\$109.73		634 NW Inte	erstate 410 Loop	)						
			San Antonio	. TX 78216							
8	PURPOSE	⊢				(h)	Description				
ľ	OF	(۳)		e Categories listed at the nead/Rental Exp		(5)	:	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Over	ieau/Neritai Exp	Clisc				officeholder living	•	
							Mobile Phone	9			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	02/14/2023		T-Mobile								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$116.78		•	erstate 410 Loop							
	72200										
			Can Antonic	TV 70216							
		<u> </u>	San Antonio			1					
	PURPOSE OF	(a)		e Categories listed at the		(b)	Description	otoi	de of Toylog Com	plata Cabadula T	
	EXPENDITURE		Office Overh	nead/Rental Exp	ense		<b>=</b>		officeholder living	plete Schedule T.	
							Mobile Phone			,	
								-			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	<u>l</u> uaht			Office h	eld	
	expenditure to benefit C/OI					5					
-	Date	Π	Daves nome								
	01/23/2023		Payee name T-Mobile								
		<u> </u>									
	Amount (\$)		Payee addres	•	State; Zip C	ode					
	\$155.51		634 NW Inte	erstate 410 Loop	1						
			San Antonio	, TX 78216							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Exp	ense					plete Schedule T.	
	ZA ZHOHOKZ						ш		officeholder living	g expense	
							Mobile Phone	9			
_	Commission ONE V. C. P.	Ļ	Dandidati (OM	a a la a la la crima a	0.00				Ott	ماما	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		_andidate/Offic	ceholder name	Office so	ugnt			Office h	elu	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co		Legal S		•		/ages	/Contract Labor			Out of Dis (enter a	strict category not listed above	<del>)</del>
		_			struction Gu	ue expiains	HOW TO CO	mple	ete uns form.	_				
1	Total pages Schedule F1:	2								3	Filer II		(Ethics Commission	Filers)
_	Sch: 65/87 Rpt: 70/94	_	Bernal, Dieg	go M.	(The Hono	rable)					00070	0466		
4	Date	5	Payee name											
L	04/17/2023	L	Taqueria Ch	napala	a Jalisco									
6	Amount (\$)	7	Payee addres	ss;	City;	State	; Zip Co	de						
	\$31.51		1902 McCul	llough	n Avenue									
			San Antonio	o, TX	78212									
8	PURPOSE	(a)	Category (Se	ee Categ	ories listed at the	e top of this sch	iedule)	(b)	Description					
	OF EXPENDITURE		Food/Bever						<u> </u>				plete Schedule T.	
	LAFLINDITORE								Check if Austin					
									Food and Be	ver	age fo	r Mee	ting	
9	Complete ONLY if direct		Candidate/Offic	cehold	ler name	(	Office sou	ght			0	ffice he	eld	
	expenditure to benefit C/O	H												
	Date		Payee name									_		
	04/17/2023		Taqueria Ch	napala	a Jalisco									
	Amount (\$)		Payee addres	ss;	City;	State	; Zip Co	de						
	\$40.64		1902 McCul	llough	n Avenue									
				-										
			San Antonio	o, TX	78212									
	PURPOSE OF	(a)	Category (Se	ee Categ	ories listed at the	e top of this sch	iedule)	(b)	Description					
	OF EXPENDITURE		Food/Bever	age E	xpense				<u> </u>				plete Schedule T.	
	-								Check if Austin					
									Food and Be	vei	aye 10	i iviee	ung	
_	Complete ONLY !! -!!	<u> </u>	Condidate /Off	00651	lor no		) }	ale.				ffica !-	ald.	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	cenoio	ier name	(	Office sou	gnt			O	ffice he	eiu	
	•	_												
	Date		Payee name											
	01/23/2023		Taqueria Ch	napala	a Jalisco									
	Amount (\$)		Payee addres	ss;	City;	State	; Zip Co	de						
	\$18.35		1902 McCul	llough	n Avenue									
			San Antonio	o, TX	78209									
	PURPOSE	(a)	Category (Se	ee Categ	ories listed at the	e top of this sch	iedule)	(b)	Description					
	OF EXPENDITURE		Food/Bever	age E	Expense				ш				plete Schedule T.	
									Check if Austin					
									Food and Be	ver	age to	ı Mee	urig	
	Commission ONE V. C. F.	L	Daniel - to 10 m		lau na c		D#: -	aul- d			-	cc: '	اما	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	cenoid	ier name	(	Office sou	gnt			O	ffice he	eiu	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 66/87 Rpt: 71/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	01/09/2023	Taqueria Chapala Jalisco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.18	1902 McCullough Avenue
		San Antonio, TX 10018
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/08/2023	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.66	746 Northwest Loop 410
		San Antonio, TX 78216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/15/2023	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.13	746 Northwest Loop 410
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if alice -	Condidate/Officeholder name Office equality Office hald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 67/87 Rpt: 72/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	03/16/2023	Texas Democratic Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	P.O. Box 301411
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation for Blue Ribbon Event
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/17/2023	Texas House Early Childhood Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1100 Congress Avenue
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1
	Date	Payee name
	03/16/2023	Texas House LGBTQ Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$421.37	1100 Congress Avenue
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EAFENDITURE	Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiord to belieff 6/01	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			Giff/Awards/Memorials Legal Services		rinting Exp salaries/Wa		e /Contract Labor		OTHER (enter	a category not listed	above)
	Credit Card Payment			The Instruction G	uide explains ho	w to con	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 68/87 Rpt: 73/94		Bernal, Dieg	o M. (The Hon	orable)					00070466		
4	Date	5	Payee name									
	04/17/2023		The Capitol	Grill								
6	Amount (\$)	7	Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$24.94		1100 Congre	ess Avenue								
			Austin, TX 7	8701								
8	PURPOSE	(a)		e Categories listed at t	he top of this sehedu	ula)	(b)	Description				
ľ	OF	(")		e Categories listed at t age Expense	ne top of this scheau	lie)	(~)	:	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							X Check if Austin,	, TX,	officeholder livir	g expense	
								Food/Bevera	ge			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Offi	ce soug	ght			Office h	ield	
	experialitate to beliefit e/of											
	Date		Payee name									
	04/11/2023		The Capitol	Grill								
	Amount (\$)		Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$36.37		1100 Congre	ess Avenue								
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedu	ıle)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				<b>=</b>			nplete Schedule T.	
								X Check if Austin, Food/Beverage		officeholder livir	ig expense	
								1 OOG/Devera	gc			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ce soug	ht			Office h	eld	
	expenditure to benefit C/OI						,					
_	Date		Payee name									
	04/11/2023		The Capitol	Grill								
	Amount (\$)		Payee addres		State; 2	Zin Cor	de.					
	\$21.00		1100 Congre	-	State, 2	zip Coc	ac .					
	422.00		1100 congr	33371731143								
			Austin, TX 7	8701								
	PURPOSE	(0)				1.	(h)	Description				
	OF	(a)		e Categories listed at t age Expense	he top of this schedu	ıle)	(n)	Description  Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		roou/bever	age Expense				ш		officeholder livir	•	
								Food/Beveraç	ge			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ce soug	ght			Office h	eld	
L	expenditure to benefit C/OI											

### SCHEDULE F1

#### **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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 69/87 Rpt: 74/94	Bernal, Diego M. (The Honorable)  00070466
4	Date	5 Payee name
	04/10/2023	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.74	1100 Congress Avenue
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food/Beverage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/10/2023	The Capitol Grill
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.89	1100 Congress Avenue
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	X Check if Austin, TX, officeholder living expense
		Food/Beverage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	'
	Date	Payee name
	04/05/2023	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.01	1100 Congress Avenue
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X   Check if Austin, TX, officeholder living expense
		Food/Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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
OTHER (or to a contrary not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 70/87 Rpt: 75/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	04/03/2023	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.73	1100 Congress Avenue
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Food/Beverage
		1 Jour Devellage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Power name
	03/29/2023	Payee name The Capital Crill
		The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.73	1100 Congress Avenue
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		☐ X Check if Austin, TX, officeholder living expense Food/Beverage
		1 oou/Deverage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davida dama
	Date 03/21/2023	Payee name The Capital Crill
		The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.28	1100 Congress Avenue
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		x Check if Austin, TX, officeholder living expense Food/Beverage
		ruou/bevelaye
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

#### **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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District 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	3 Filer ID (Ethics Commission Filers)
	Sch: 71/87 Rpt: 76/94	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	
	02/21/2023	The Capitol Grill	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$22.36	1100 Congress Avenue	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 odd/Beverage Expense	outside of Texas. Complete Schedule T.
		X   Check if Austin,   Food/Beverage	TX, officeholder living expense
		Poou/Devela	ye
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/OI		Office field
	Date	Payee name	
	01/24/2023	The Capitol Grill	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.78	1100 Congress Avenue	
	Ψ13.70	1100 Congress Avenue	
		Austin TV 70701	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE	1 dod/Beverage Expense	TX, officeholder living expense
		Food/Bevera	ge
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/16/2023	The Hideout Theatre	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.21	617 Congress Avenue	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	outside of Texas. Complete Schedule T.
		X   Check if Austin,   Food/Beverage	TX, officeholder living expense
		1 Journal of the second of the	y~
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 72/87 Rpt: 77/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	06/08/2023	The Wicked Wich
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.11	825 Fredericksburg Road
		Suite A
		San Antonio, TX 78201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
		Food and beverage for wiceding
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/22/2023	Tlahco Mexican Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.53	6702 San Pedro Avenue
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
		1 ood and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/24/2023	Tlahco Mexican Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.23	6702 San Pedro Avenue
	400.20	
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
		Food and beverage for Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

**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
Transport in District Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 73/87 Rpt: 78/94	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	
	03/27/2023	Tlahco Mexican Kitchen	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$122.30	6702 San Pedro Avenue	
		San Antonio, TX 78209	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			Food and Beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
┝	Date	Davos nama	
	02/17/2023	Payee name Tlahco Mexican Kitchen	
	Amount (\$)	Payee address; City; State; Zip Code 6702 San Pedro Avenue	
	\$33.69	6702 San Pedro Avenue	
		0 - A - A TV 70000	
		San Antonio, TX 78209	
	PURPOSE OF	, (	Description  Check if travel outside of Taylor Complete Schoolule T
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	05/22/2023	Trappers Sushi Co Dove Creek	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$178.01	415 W. Loop 1604 S.	
		Suite #112	
		San Antonio, TX 78253	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Food and Beverage for Meeting
l			
_	Complete ONII V if dire -t	Condidate/Officeholder nems	Office Pala
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
			Office held
			Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┰	Total pages Cabadula E4:	2 FILED NAME
1	Total pages Schedule F1: Sch: 74/87 Rpt: 79/94	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466
4	Date 01/25/2023	5 Payee name Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.33	1455 Market Street Suite #400
		San Francisco, CA 94103
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EAFENDITORE	X Check if Austin, TX, officeholder living expense Food/Beverage
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2023	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.84	1455 Market Street
		Suite #400
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
		Food/Beverage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2023	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.02	1455 Market Street
		Suite #400
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if to use outside of Taylor Complete Schedule T
	EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
		Food/Beverage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			es/Contract Labor		OTHER (enter a	strict a category not listed a	bove)
	Credit Card Payment			The Instruction Gu	ide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 75/87 Rpt: 80/94		Bernal, Die	go M. (The Hond	orable)				00070466		
4	Date	5	Payee name								
	06/20/2023		Uber								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip (	Code					
	\$66.49		1455 Marke		,						
			Suite #400								
				co, CA 94103							
_		<u> </u>				10.					
8	PURPOSE OF	(a)		ee Categories listed at th	ne top of this schedule)	(b)	Description	otoi	do of Toyon Con	onloto Cobodulo T	
	EXPENDITURE		Travel Out of	of District					officeholder livin	nplete Schedule T. a expense	
							Transport to/f				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Office s	ought			Office h	eld	
	expenditure to benefit C/O	Н									
	Date		Payee name								
	05/26/2023		Uber								
	Amount (\$)	$\vdash$	Payee addres	ss; City;	State; Zip (	Code					
	\$44.56		1455 Marke	t Street	•						
			Suite #400								
			San Francis	co, CA 94103							
	PURPOSE	(a)		ee Categories listed at th		(b)	Description				
	OF	``'	Travel Out o		ie top of this schedule)	(2)	_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			. 2.660			X Check if Austin	, TX	officeholder livin	g expense	
							Transport to/f	fror	n State Cap	oitol	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Office s	ought			Office h	eld	
	experientare to benefit 6/61	_									
	Date		Payee name								
	05/09/2023		Uber								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$16.94		1455 Marke	t Street							
			Suite #400								
			San Francis	co, CA 94103							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE		Travel Out of				ш			nplete Schedule T.	
	EXI ENDITORE						_		officeholder livin		
							Transport to/f	rror	n State Cap	OITOI	
	Complete ONLY if direct	Ļ	Condidate /Cff	achaldar ======	Office	0110 p 4			Office I	ald	
	Complete ONLY if direct expenditure to benefit C/Ol		Jandidate/Offi	ceholder name	Office s	bugnt			Office h	eid	

### SCHEDULE F1

#### **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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)		
_			The instruction Guide explains	now to cor	iiipie	te tilis ioiili.	_		(=1)	
1	Total pages Schedule F1:		. M. (The Henry and In)				3	Filer ID	(Ethics Commiss	on Filers)
	Sch: 76/87 Rpt: 81/94		M. (The Honorable)					00070466		
4	Date	<b>5</b> Payee name								
	05/09/2023	Uber								
6	Amount (\$)	7 Payee address	s; City; State	; Zip Co	de					
	\$15.97	1455 Market	Street							
		Suite #400								
		San Francisc	o, CA 94103							
8	PURPOSE	(a) Category (See	Categories listed at the top of this sch	nedule)	(b)	Description				
	OF	Travel Out of		icuaic)		Check if travel of		de of Texas. Com		
	EXPENDITURE					_		officeholder living		
						Transport to/f	ror	n State Capi	itol	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	eholder name (	Office sou	ght			Office he	eld	
	experience to benefit Gree									
	Date	Payee name								
	05/09/2023	Uber								
	Amount (\$)	Payee address	s; City; State	; Zip Co	de					
	\$16.98	1455 Market	Street							
		Suite #400								
		San Francisc	o, CA 94103							
	PURPOSE	(a) Category (See	Categories listed at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	Travel Out of						de of Texas. Com		
						_		officeholder living		
						Transport to/f	101	n State Capi	ILOI	
	Complete ONLY if direct	Candidate/Office	pholder name (	Office sou	abt			Office he	ald.	
	expenditure to benefit C/OI		enoluei name	Onice Sou	ynt			Office fie	iu	
	5 .									
	Date	Payee name								
	05/08/2023	Uber								
	Amount (\$)	Payee address	•	; Zip Co	de					
	\$3.00	1455 Market	Street							
		Suite #400								
		San Francisc	o, CA 94103							
	PURPOSE	(a) Category (See	Categories listed at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	Travel Out of	District					de of Texas. Com		
						x Check if Austin, Transport to/f		officeholder living		
						παποροπ το/1	, 01	ii State Capi	1101	
	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	aht			Office he	eld.	
	expenditure to benefit C/OI		Should hame	Cinco sout	9111			Since ne	,,u	

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Co	The Instruction Guide explains how to co	Expen Wage	nse es/Contract Labor	Trav	rel Out of Dis HER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME		[3	<b>3</b> File	r ID	(Ethics Commission Filers	)
	Sch: 77/87 Rpt: 82/94		Bernal, Diego M. (The Honorable)			000	070466		
4	Date	5	Payee name						
	05/02/2023		Uber						
6	Amount (\$)	7	Payee address; City; State; Zip C	ode					
	\$7.87		1455 Market Street						
			Suite #400						
			San Francisco, CA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	<b>)</b> Description				
	OF EXPENDITURE		Travel Out of District		=			plete Schedule T.	
					X Check if Austin, Transport to/fr				
					Transport to/iii	0111 01	ate Capi	itoi	
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	l ught	<u> </u>		Office he	eld	
	expenditure to benefit C/OH	Η							
	Date		Payee name		-				
	05/01/2023		Uber						
	Amount (\$)		Payee address; City; State; Zip C	ode					
	\$0.38		1455 Market Street						
			Suite #400						
			San Francisco, CA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	<b>)</b> Description				
	OF EXPENDITURE		Travel Out of District		=			plete Schedule T.	
					X Check if Austin, T				
					Transport to/iii	om St	ate Capi	itoi	
	Complete ONLY if direct		Candidate/Officeholder name Office soil	<u>l</u> ught	t		Office he	eld	
	expenditure to benefit C/OF	Η							
	Date		Payee name						
	04/05/2023		Uber						
	Amount (\$)		Payee address; City; State; Zip C	ode					
	\$8.05		1455 Market Street						
			Suite #400						
			San Francisco, CA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	) Description				
	OF EXPENDITURE		Travel Out of District		ш			plete Schedule T.	
					X Check if Austin, Transport to/fr				
					παπορυπ τυ/π	اک ااان	uie Capi	itoi	
	Complete ONLY if direct	Щ	Candidate/Officeholder name Office so	<u> </u>	t		Office he	eld	_
	expenditure to benefit C/OH	Η							
L Cor	me provided by Tayas F	thic	es Commission www athies state to					Version V2 5 1 a18ea	200

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 78/87 Rpt: 83/94	Bernal, Diego M. (The Honorable)  00070466
4	Date	5 Payee name
	04/04/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.18	1455 Market Street
		Suite #400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X   Check if Austin, TX, officeholder living expense
		Transport to/from State Capitol
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Davisa nama
	03/30/2023	Payee name Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.90	1455 Market Street
		Suite #400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Transport to/from State Capitol
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/29/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	1455 Market Street
		Suite #400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Transport to/from State Capitol
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

### SCHEDULE F1

#### **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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District 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	3 Filer ID (Ethics Commission Filers)
	Sch: 79/87 Rpt: 84/94	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	
	03/29/2023	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.88	1455 Market Street	
		Suite #400	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
•	OF		utside of Texas. Complete Schedule T.
	EXPENDITURE	·	TX, officeholder living expense
		Transport to/fi	rom State Capitol
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiorare to benefit C/O	'	
	Date	Payee name	
	03/29/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.98	1455 Market Street	
		Suite #400	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District	utside of Texas. Complete Schedule T.
	LXI LINDITORL		TX, officeholder living expense
		Transport to/ii	rom State Capitol
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
	Date		
	Date	Payee name	
	03/28/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.92	1455 Market Street	
		Suite #400	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	utida of Taura Commissa Call 11 T
	EXPENDITURE	Traver out of District	utside of Texas. Complete Schedule T. TX, officeholder living expense
			rom State Capitol
		· ·	•
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

### SCHEDULE F1

#### **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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 80/87 Rpt: 85/94	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466
4	Date	5 Payee name
	03/28/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	1455 Market Street
		Suite #400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Transport to/from State Capitol
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	03/28/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.97	1455 Market Street
		Suite #400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Transport to/from State Capitol
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/28/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.90	1455 Market Street
		Suite #400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Transport to/from State Capitol
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Cabadala E4	
1	Total pages Schedule F1: Sch: 81/87 Rpt: 86/94	2 FILER NAME Bernal, Diego M. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00070466
4	Date	5 Payee name
	03/27/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	1455 Market Street
		Suite #400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITURE	X Check if Austin, TX, officeholder living expense
		Transport to/from State Capitol
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.06	1455 Market Street
		Suite #400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
		Hansport to/Horn State Capitor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	1455 Market Street
		Suite #400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Transport to/from State Capitol
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		g Expe es/Wag	ense jes/Contract Labor		OTHER (enter	a category not listed above)	
	Credit Card Payment			The Instruction Gu	iide explains how to	comp	olete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission File	ers)
	Sch: 82/87 Rpt: 87/94		Bernal, Dieg	o M. (The Hond	orable)				00070466		
4	Date	5	Payee name								
	03/27/2023		Uber								
6	Amount (\$)	7	Payee addres	s; City;	State; Zip	Code	<b>;</b>				
	\$8.47		1455 Market	Street							
			Suite #400								
			San Francis	co, CA 94103							
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b	Description				
	OF EXPENDITURE		Travel Out o		,		Check if travel	outsi	ide of Texas. Co	mplete Schedule T.	
	EXPENDITORE						ш		, officeholder livi		
							Transport to/	tror	n State Ca	OITOI	
_		L				<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enolder name	Office s	ougn	IT		Office h	neia	
	Date		Payee name								
	03/24/2023		Uber								
	Amount (\$)		Payee addres		State; Zip	Code	<del>)</del>				
	\$11.94		1455 Market	Street							
			Suite #400								
			San Francis	co, CA 94103							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b	Description				
	OF EXPENDITURE		Travel Out o	f District			=		ide of Texas. Co , officeholder livii	mplete Schedule T.	
							X Check if Austin				
							, , , , , , , , , , , , , , , , , , ,				
	Complete ONLY if direct		Candidate/Offic	eholder name	Office s	ough	ıt		Office h	neld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	03/20/2023		Uber								
	Amount (\$)		Payee addres	s; City;	State; Zip	Code	<u> </u>				
	\$46.39		1455 Market	-	, ,						
			Suite #400								
				co, CA 94103							
	PURPOSE	(a)			ne top of this schedule)	(h	Description				
	OF	(")	Travel Out o		ne top of this schedule)	"		outsi	ide of Texas. Co	mplete Schedule T.	
	EXPENDITURE		mavor out o	. Blothlot					, officeholder livii		
							Transport to/	fror	n State Ca	oitol	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Office s	ough	it		Office h	neld	
	experientare to benefit G/OI										

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
1	Sch: 83/87 Rpt: 88/94	Bernal, Diego M. (The Honorable)  00070466						
4	Date	5 Payee name						
	03/17/2023	Uber						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$39.86	1455 Market Street						
		Suite #400						
		San Francisco, CA 94103						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	X Check if Austin, TX, officeholder living expense						
		Transport to/from State Capitol						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	06/16/2023	United States Postal Service						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$65.00	475 L'Enfant Plaza SW						
		Room 4012						
		Washington, DC 78216						
	DUDDOCE							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Post Office Box						
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	03/27/2023	United States Postal Service						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$65.00	475 L'Enfant Plaza SW						
		Room 4012						
		Washington, DC 78216						
		I						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expense  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Post Office Box						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							

### SCHEDULE F1

#### **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
OTHER (parter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1:	
	Sch: 84/87 Rpt: 89/94	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	03/29/2023	Uptown Sports Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.62	1200 E. 6th Street
	Ψ00.02	1200 2. 0.11 0.1000
		A . (*) TV 70700
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food/Beverage
		1 oou/beverage
_	Operation Children	Open districts (Office the Island as a second secon
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	03/20/2023	VIA 313
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.36	1802 E. 6th Street
		Austin, TX 78702
_	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food/Beverage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	02/13/2023	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.52	710 E. Ben White Boulevard
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Supplies
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

#### **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 Salaries/Magne/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ee Legal Se			Vages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	bove)
1	Total pages Schedule F1:	2 FII						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 85/87 Rpt: 90/94		rnal, Diego M.	(The Honorab	le)				00070466		
4	Date	<b>5</b> Pay	ee name								
	03/28/2023	Wι	ı Chow								
6	Amount (\$)	<b>7</b> Pay	/ee address;	City;	State; Zip Co	ode					
	\$110.03	500	W. 5th Street								
		Su	ite #168								
		Au	stin, TX 78701								
8	PURPOSE	<b>(a)</b> Cat	egory (See Catego	ories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		od/Beverage E		or and correduct,		Check if travel			plete Schedule T.	
	EXPENDITORE		_				_		officeholder living	g expense	
							Food/Beverage	ge			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		didate/Officehold	er name	Office sou	ıght			Office h	eld	
	Date	Pay	ee name								
	06/26/2023	Zo	om								
	Amount (\$)	Pay	ee address;	City;	State; Zip Co	ode					
	\$17.07	55	Almaden Boule	evard							
		6th	Floor								
		Sa	n Jose, CA 951	.13							
	PURPOSE	<b>(a)</b> Cat	egory (See Categ	ories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		ice Overhead/F				$\Box$			plete Schedule T.	
	_/						_		officeholder living	g expense	
							Meeting Softv	wai	C		
_	Complete ONLY if direct	Cano	didate/Officehold	ar name	Office sou	ıaht			Office he	ald	
	expenditure to benefit C/O		ardate/Officeriola	or name	Office 300	igiit			Office III	Ciu	
	Date	-	/ee name								
	05/25/2023	Zo	om								
	Amount (\$)	-	/ee address;	City;	State; Zip Co	ode					
	\$17.07	55	Almaden Boule	evard							
		6th	Floor								
		Sa	n Jose, CA 951	.13							
	PURPOSE	<b>(a)</b> Cat	egory (See Catego	ories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		ice Overhead/I				ш			plete Schedule T.	
									officeholder living	g expense	
							Meeting Softv	wai	C		
	Complete ONLY if direct	Can	didate/Officehold	er name	Office sou	l Iaht			Office he	eld	
	expenditure to benefit C/O			o. namo	Jiiicc 300	.g. 11			Cinoc III	···	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 86/87 Rpt: 91/94	Bernal, Diego M. (The Honorable) 00070466					
4	Date	5 Payee name					
	04/25/2023	Zoom					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$17.07	55 Almaden Boulevard					
		6th Floor					
		San Jose, CA 95113					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Meeting Software					
		Wickling Contract					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1					
Г	Date	Payee name					
	03/27/2023	Zoom					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$17.07	55 Almaden Boulevard					
		6th Floor					
		San Jose, CA 95113					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Meeting Software					
Н	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	<del>1</del>					
Г	Date	Payee name					
	02/27/2023	Zoom					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$16.00	55 Almaden Boulevard					
		6th Floor					
		San Jose, CA 95113					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Meeting Software					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	<del>1</del>					
Г							
•							

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 87/87 Rpt: 92/94	Priler NAME Bernal, Diego M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070466
4	Date 01/26/2023	Payee name Zoom	
6	Amount (\$) \$16.00	Payee address; City; State; Zip Code 55 Almaden Boulevard 6th Floor San Jose, CA 95113	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense WARE
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 01/05/2023	Payee name Zoom	
	Amount (\$) \$16.00	Payee address; City; State; Zip Code 55 Almaden Boulevard 6th Floor San Jose, CA 95113	
	PURPOSE OF EXPENDITURE	Onice Overneda/Nerital Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense WARE
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

	The Instru	ages Schedule K: ./2 Rpt: 93/94				
2	FILER NAME			(Ethics Commission Filers)		
	Bernal, Dieg	o M. (The Honorable)	)466			
4	Date 03/03/2023	<ul> <li>Name of person from whom amount is received         Austin Southpark Hotel</li> <li>Address of person from whom amount is received; City; State; Zip Code</li> </ul>	8 Amount (\$) \$22.9	19		
		Austin, TX 78744				
		7 Purpose for which amount is received	oolitic	al cont	ribution returned to filer	
	Date	Name of person from whom amount is received			Amount (\$)	
	06/05/2023	Austin Southpark Hotel			\$203.8	35
		Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78744				
		_ ·	olitic	al cont	ribution returned to filer	
		Refund on Hotel Reservation				
	Date	Name of person from whom amount is received			Amount (\$)	
	01/12/2023	Frost Bank	\$3.6	i3		
		Address of person from whom amount is received; City; State; Zip Code				
		San Antonio, TX 78296				
		Purpose for which amount is received	olitic	al cont	ribution returned to filer	
		Interest on Account Balance				
	Date	Name of person from whom amount is received			Amount (\$)	
	02/10/2023	Frost Bank			\$3.3	34
		Address of person from whom amount is received; City; State; Zip Code				
		San Antonio, TX 78296				
		Purpose for which amount is received	olitic	al cont	ribution returned to filer	
		Interest on Account Balance				
	Date	Name of person from whom amount is received			Amount (\$)	_
	03/10/2023	\$3.0	)5			
		Address of person from whom amount is received; City; State; Zip Code				
		San Antonio, TX 78296				
		Purpose for which amount is received Check if po	olitic	al cont	ribution returned to filer	
		Interest on Account Balance				

## INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 94/94 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bernal, Diego M. (The Honorable) 00070466 Date 8 Amount (\$) 5 Name of person from whom amount is received 04/12/2023 Frost Bank \$2.51 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78296 Purpose for which amount is received Check if political contribution returned to filer Interest on Account Balance Name of person from whom amount is received Amount (\$) Date 05/10/2023 Frost Bank \$1.10 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78296 Purpose for which amount is received Check if political contribution returned to filer Interest on Account Balance Date Name of person from whom amount is received Amount (\$) 06/12/2023 Frost Bank \$0.65 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78296 Purpose for which amount is received Check if political contribution returned to filer Interest on Account Balance