CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00070466		2 Total pages fil	ed: 9
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Diego M.			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST Bernal		SUFFIX	··· 01/16/2024	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 12411				Receipt #	Amount
Change of Address	San Antonio, TX 78212				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u></u>	
TREASURER NAME	Mrs.	Blakely		•••		
	NICKNAME	LAST		SUFFIX		
		Fernandez				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP ⁻	Γ / SUITE #; CITY;	; STA	ATE; ZIP CODE
TREASURER ADDRESS	300 Convent St., Ste. 270	0				
(Residence or Business)	San Antonio, TX 78205					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (210) 299-3410	IE NUMBER E	EXTENSION			
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after car appointment (office	mpaign treasurer ceholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	∐P	rimary	Runoff	Other	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	Γ (if known)	
	State Representative Distr	rict 123		State Represent	tative District 123	
	•			•		
		GO Т	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 59

13 C / OH NAME	Bernal, Diego M. (Th	e Honorable)		14 Filer ID 00070466	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to ceholder's kno notice of such	support the owledge or expenditures.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRE	ESS			
	SPECIFIC					
		COMMITTEE CAMPA	AIGN TREASURER NAME			
		COMMITTEE CAMPA	AIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ITRIBUTIONS (OTHER THAI ONTRIBUTIONS MADE ELEC		, \$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, O	S R GUARANTEES OF LOANS	3)	\$	4,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES					0.00
	4. TOTAL POLITIC	AL EXPENDITURES			\$	7,615.04
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE LA	AST DAY OF THE	\$	446.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		tru	wear, or affirm, under penalty le and correct and includes al lder Title 15, Election Code.			
			The Hono	rable Diego M. Ber	nal	
		_	Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		_ day
of	, 20, to co	ertify which, witness m	y hand and seal of office.			
Signature of offi	cer administering	Printed name of	officer administering	Title of office	er administeri	ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 59

				3 of 59
18 FILER NAME Bernal, Dieg	(Ethics Comn	nission Filers)		
20 SCHEDULE NAME OF SC	SUBTO	TAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,500.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X	SCHEDULE E: LOANS		\$	0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$	7,615.04
6. X	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	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.	\$			

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/59		
2	FILER NAME Bernal, Dieg	o M. (The Honorable)		3	Filer ID (Ethics Commission 00070466	on Filers)
4	Date 12/05/2023	Full name of contributor	Oncor Electric Delivery	7	Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75202				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/02/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Farm Bureau AG Fund Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Waco, TX 76702				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/10/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

PLE	OGED CONTRIBU	TIONS			SCHEDULE B
Т	he Instruction Guide exp	1	1 Total pages Schedule B: Sch: 1/1 Rpt: 5/59		
2 FILER N.	AME Diego M. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00070466		
<u></u>	OF UNITEMIZED PLEDG	ES			\$ 0.
5 Date				<u> </u>	Amount of pledge (\$) In-kind description (If applicable)
10 Principal	occupation / Job title (See Instru	ctions)	11 Employer (See Ins	Etruction	Check if travel outside of Texas. Complete Schedu
			Employer (See ms	ou dou	ons)

	LOANS					SCHE	DULE E
	The Instruction	on Guide explains how t	o complete this f	orm.	1	pages Schedule E: 1/1 Rpt: 6/59	
	FILER NAME Bernal, Diego M	. (The Honorable)			3 Filer II 00070	C (Ethics Commiss)	sion 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	(\$)
	Is lender a financial institution?	8 Lender address; Cit	y; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	ns)	•	
14	Description of Coll None	ateral		15 Check if personal funds v	vere deposit	ed into political acco (See Instructi	
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guar	anteed (\$)
	not applicable	18 Guarantor address; Cit	y; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction	ns)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising 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

	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: 1/53 Rpt: 7/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	12/22/2023	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.90	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
_	0 1: 01 1/4 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/04/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.13	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
_	Commission ONII V if disposit	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	,	
	Date	Payee name
	11/22/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.26	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 expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Superiorder to belieff 6/01	•
1		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 2/53 Rpt: 8/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	11/03/2023	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.61	6443 San Pedro Avenue
		San Antonio, TX 78216
8	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	10/23/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.32	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	
_	Dato	Dougo name
	Date	Payee name 7-Eleven
	10/19/2023	
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.21	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.
	EXI ENDITORE	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
	onponditure to belieff 6/01	·

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditate/Officebolder/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

	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: 3/53 Rpt: 9/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	10/13/2023	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.48	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
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	10/06/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.23	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	
_	Data	Davis same
	Date 09/11/2023	Payee name 7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.17	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/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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Comn Credit Card Payment		Salaries/Wages/Contract Labor ow to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2 F	FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 4/53 Rpt: 10/59 E	Bernal, Diego M. (The Honorable)		00070466
4 Date 5 F	Payee name		
09/05/2023 7	7-Eleven		
6 Amount (\$) 7 F	Payee address; City; State;	Zip Code	
\$47.17 6	6443 San Pedro Avenue		
	San Antonio, TX 78216		
1 05 1	Category (See Categories listed at the top of this sched		
EXPENDITURE T	Travel In District		outside of Texas. Complete Schedule T.
		Gas	, 17, officeriolder living expense
9 Complete ONLY if direct Ca	andidate/Officeholder name Off	ice sought	Office held
expenditure to benefit C/OH	one of the control of		5555ia
Date F	Payee name		
	7-Eleven		
		7:- 0-4-	
` ′		Zip Code	
\$9.00 6	6443 San Pedro Avenue		
S	San Antonio, TX 78216		
PURPOSE (a) (Category (See Categories listed at the top of this sched	(b) Description	
OF EXPENDITURE	Travel In District		outside of Texas. Complete Schedule T.
		Gas	n, TX, officeholder living expense
		Gas	
Complete ONLY if direct Ca	andidate/Officeholder name Off	ice sought	Office held
expenditure to benefit C/OH	andidate/Officeriolder frame	ice sought	Office field
D-t-			
	Payee name		
	7-Eleven		
` ′	• • • • • • • • • • • • • • • • • • • •	Zip Code	
\$34.63 6	6443 San Pedro Avenue		
	San Antonio, TX 78216		
PURPOSE (a) (Category (See Categories listed at the top of this sched	(b) Description	
OF TEXPENDITURE	Travel In District		outside of Texas. Complete Schedule T.
_/ _/ _/ _/		-	n, TX, officeholder living expense
		Gas	
Complete ONLY if direct Co	andidate/Officeholder name Off	ico sought	Office held
Complete <u>ONLY</u> if direct Ca expenditure to benefit C/OH	andidate/Officendider Haffle Off	ice sought	Office field

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		nmittee Lega	wards/Memorials E Services Instruction Guid			ages/	Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed	above)
1	Total pages Schedule F1:	2	FII FR NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 5/53 Rpt: 11/59	ı	Bernal, Diego M	1. (The Honor	able)				_	00070466	(Lunes Comm	1000011111010)
4	Date	5	Payee name									
	08/17/2023		7-Eleven									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Coo	de					
	\$27.72		6443 San Pedro	Avenue								
			San Antonio, TX	< 78216								
8	PURPOSE	(a)	Category (See Cat	egories listed at the	top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Travel In Distric					=			plete Schedule T.	
								—	, TX,	officeholder living	g expense	
								Gas				
<u>_</u>	Operation Children	<u> </u>	Sandida (C.C.)	I-I		.				O''' :	-1-1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeho	lder name	Off	fice soug	ght			Office h	eld	
L		_										
	Date		Payee name									
	08/14/2023		7-Eleven									
	Amount (\$)		Payee address;	City;	State;	Zip Coo	de					
	\$49.07		6443 San Pedro	Avenue								
		⊢	San Antonio, T									
	PURPOSE OF	(a)	Category (See Cat		top of this sched	dule)	(b)	Description				
	EXPENDITURE		Travel In Distric	t				-		de of Texas. Con officeholder living	plete Schedule T.	
								Gas	, 17,	onicendaei iivin	g expense	
\vdash	Complete ONLY if direct		Candidate/Officeho	lder name	Off	fice soug	aht			Office h	eld	
	expenditure to benefit C/OI						,					
-	Date	Π	Payee name									
	07/25/2023		7-Eleven									
_	Amount (\$)	\vdash	Payee address;	City;	Stato	Zip Cod	de					
	\$40.65	ı	6443 San Pedro		Siale,	∠ıµ ∪∪(uC					
	Φ40.05		0443 San Peur	Avenue								
			O	. 7004.0								
			San Antonio, T	(78216								
	PURPOSE OF		Category (See Cat		top of this sched	dule)	(b)	Description				
	EXPENDITURE		Travel In Distric	t				므		de of Texas. Con officeholder living	plete Schedule T.	
								Gas	, , ,,	SmoonoluGI IIVIII	g expense	
	Complete ONLY if direct		Candidate/Officeho	lder name	Off	fice soug	aht			Office h	eld	
	expenditure to benefit C/OI		3		3		,			200 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 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: 6/53 Rpt: 12/59	2 FILER NAME Bernal, Diego M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070466
4	Date 07/19/2023	5 Payee name 7-Eleven	
6	Amount (\$) \$47.78	7 Payee address; City; State; Zip Code 6443 San Pedro Avenue	
		San Antonio, TX 78216	
8	PURPOSE OF EXPENDITURE	Traver in District	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 07/13/2023	Payee name 7-Eleven	
	Amount (\$) \$44.57	Payee address; City; State; Zip Code 6443 San Pedro Avenue	
	PURPOSE OF EXPENDITURE	Traver in District	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 07/05/2023	Payee name 7-Eleven	
	Amount (\$) \$44.10	Payee address; City; State; Zip Code 6443 San Pedro Avenue	
		San Antonio, TX 78216	
	PURPOSE OF EXPENDITURE	Traver in District	outside of Texas. Complete Schedule T. n, 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 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	d Cor	nmittee	Gift/Awar Legal Ser The Ins	verage Expense ds/Memorials Ex rvices struction Guid	xpense		xpens Vages	se s/Contract Labor		Travel in Distric Travel Out of D OTHER (enter a		
1	Total pages Schedule F1:	2								3	Filer ID	(Ethics Commission Filers)	
L	Sch: 7/53 Rpt: 13/59	L	Bernal, Dieç	go M. (The Honor	able)					00070466		
4	Date	5	Payee name										
	12/07/2023		Alamo Colle	eges Fo	oundation								
6	Amount (\$)	7	Payee addres	ss;	City;	State;	Zip Co	ode					
	\$170.00		2222 N. Ala	mo Str	eet								
			San Antonio	o, TX 7	8215								
8	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the	top of this sche	edule)	(b)	Description				_
	OF EXPENDITURE		Contribution	s/Don	ations Mad	le By			=			mplete Schedule T.	
	EXI ENDITORE		Candidate/C	Officeh	older/Politi	cal Comm	ittee		_		officeholder livin	ng expense	
									GED Brunch	ııc	Kels		
_	Complete ONLY if direct	<u> </u>	Candidate/O#:	cobolda	or name		office con	lap+			Office h	nold	_
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	Lenoide	пате		office sou	agrit			Office n	leiu	
	Date		Payee name										
	07/24/2023		Bakudan Ra	amen									
	Amount (\$)		Payee addres	ss;	City;	State;	Zip Co	ode					
	\$74.85		17619 La C	antera	Parkway								
			Suite #208										
			San Antonio	o, TX 7	8257								
	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the	top of this sche	edule)	(b)	Description				_
	OF EXPENDITURE		Food/Bever				,		Check if travel			mplete Schedule T.	
	LA LADITORL								_		officeholder livin		
									Food and Bev	vera	age for Me	zung	
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholda	ar name		Office sou	lapt			Office h	neld	_
	expenditure to benefit C/O		ai iuiuate/UIII	ceriolae	i name	C	mice SUL	ignt			Onice n	IGIU	
\vdash	Data	Ι	Doving rains										=
	Date 12/11/2023		Payee name Bexar Coun	ty Don	nocratic Do	arty							
	12/11/2023	_					7:						_
	Amount (\$)		Payee addres	•	City;	State;	Zip Co	oae					
	\$750.00		1844 Frede	IICKSDL	пу коаа								
			San Antonio	o, TX 7	8201								
	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees									mplete Schedule T.	
									Check if Austin, Filing Fee	, TX,	officeholder livin	ng expense	
									i iiiig i ee				
	Complete ONLY if direct	Щ	Candidate/Offic	ceholde	er name		Office sou	laht			Office h	neld	-
	expenditure to benefit C/O		zaradato/OIII	oo.ioiuc	name		300	-911L			Omice II		
													_

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

	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: 8/53 Rpt: 14/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	12/18/2023	Bill Miller BBQ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.49	8403 McCullough Avenue
		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.
		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	
\vdash	Date	Dougo nomo
		Payee name
	10/04/2023	Binge Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.64	449 McCarty Road
		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
		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
	10/25/2023	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.21	2760 I-35
		New Braunfels, TX 78130
	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
		Jus
_	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

	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: 9/53 Rpt: 15/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	10/19/2023	Buc-ee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.36	2760 I-35
		New Braunfels, TX 78130
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
		- Cus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٦	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	08/18/2023	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.88	2760 I-35
		New Braunfels, TX 78130
	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
		Gas
_	Complete ONLY if direct	Condidate/Office holds
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	08/18/2023	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.38	2760 I-35
		New Braunfels, TX 78130
	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.
	ZA ZIIDII GIAZ	Check if Austin, TX, officeholder living expense
		Gas
	Commission ONU Wife allows	Condidate/Officeholder nerse Office county
	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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/53 Rpt: 16/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	12/13/2023	CAVA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.86	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/O	
_	Date	Payee name
	11/28/2023	Chipotle
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	438 Northwest Loop 410
	, , , , ,	100 (100 million)
		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
		g and a second of the second o
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/17/2023	Chipotle
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.00	438 Northwest Loop 410
		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
		r dod and beverage for weeting
	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: 11/53 Rpt: 17/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	08/30/2023	Chipotle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.00	438 Northwest Loop 410
		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.
		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
١	expenditure to benefit C/O	
-	Date	Dougo nama
		Payee name
	07/05/2023	Chipotle
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.00	438 Northwest Loop 410
		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
		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
	12/08/2023	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.59	3820 San Pedro Avenue
		San Antonio, TX 78212
	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
	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: 12/53 Rpt: 18/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	11/30/2023	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.35	8303 McCullough 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
9	expenditure to benefit C/O	
_		
	Date	Payee name
	11/29/2023	Coasta Pacifica
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.62	434 N Loop 1604 W
		Suite #2101
		San Antonio, TX 78232
	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	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/20/2023	Cochran
	Amount (\$)	Payee address; City; State; Zip Code
	\$399.33	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 District Office Supplies
_	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 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 Salaries (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: 13/53 Rpt: 19/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	08/01/2023	Cochran
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	16306 Appaloosa Oak
		Selma, TX 78154
8	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Compliance Services
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/08/2023	Demo's Greek Food
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.53	7115 Blanco Road
		Suite #120
		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 beverage for infecting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Dougo nama
	12/08/2023	Payee name Demo's Greek Food
	Amount (\$) \$112.52	Payee address; City; State; Zip Code 7115 Blanco Road
	Ψ112.32	
		Suite #120
		San Antonio, TX 78216
	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. 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 Loan Repayment/Reimbu

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

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	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: 14/53 Rpt: 20/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	11/10/2023	Demo's Greek Food
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.47	7115 Blanco Road
		Suite #120
		San Antonio, TX 78216
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 weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	12/12/2023	Domino's
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.38	1803 Vance Jackson Road
		Suite #401
		San Antonio, TX 78213
	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
	10/11/2023	DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	303 2nd Street
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Intern Gift
		intern Gilt
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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 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: 15/53 Rpt: 21/59	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466	
4	Date 12/20/2023	5 Payee name Dutch Bros	
6	Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 6024 West Avenue Castle Hills, TX 78213	
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	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 12/13/2023	Payee name Formosa Garden	
	Amount (\$) \$56.71	Payee address; City; State; Zip Code 1011 NE Interstate 410 Loop Son Astonia, TV 78200	
	PURPOSE OF EXPENDITURE	San Antonio, TX 78209 (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/OI	Candidate/Officeholder name Office sought Office held	
	Date 12/06/2023	Payee name Frost Bank	
	Amount (\$) \$19.95	Payee address; City; State; Zip Code P.O. Box 1600	
		San Antonio, TX 78296	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fees	_
	Complete ONLY if direct expenditure to benefit C/OI	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 - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	Offi Pol pense Prir Sal	ice Overhead ling Expense nting Expens aries/Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
				e explains now	to comple	ete tilis ioiiii.	_		
1	Total pages Schedule F1: Sch: 16/53 Rpt: 22/59		E go M. (The Honora	able)			3	Filer ID 00070466	(Ethics Commission Filers)
4	Date	5 Payee name	1				_		
	12/04/2023	Frost Bank							
6	Amount (\$) \$199.00	7 Payee addreP.O. Box 1San Antoni		State; Zi	p Code				
8	PURPOSE OF EXPENDITURE	(a) Category (S	See Categories listed at the t	op of this schedule	(b)	므	, TX,	de of Texas. Composition officeholder living	
9	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office	e sought			Office he	eld
	Date	Payee name							
	12/04/2023	Frost Bank							
	Amount (\$) \$30.05	Payee addre		State; Zi	p Code				
		San Antoni	o, TX 78296						
	PURPOSE OF EXPENDITURE	(a) Category (s Fees	see Categories listed at the t	op of this schedule	(b)	=	, TX,	de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office	e sought			Office he	eld
	Date 12/04/2023	Payee name Frost Bank							
	Amount (\$) \$0.27	Payee addre P.O. Box 1 San Antoni		State; Zi	p Code				
	PURPOSE	(a) Category (s	See Categories listed at the t	on of this schedulo	(b)	Description			
	OF EXPENDITURE	Fees	nee Canegories iisteu at tile t	op or and somewhe		Check if travel	, TX,	de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		ïceholder name	Office	e sought			Office he	eld

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: 17/53 Rpt: 23/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	12/04/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.06	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
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/03/2023	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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	11/03/2023	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.
	ZA ZADITORZ	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
	experience to beliefft C/Of	•

SCHEDULE F1

Advertising Expense Evaccounting/Banking Fe
Consulting Expense Fo
Contributions/ Donations Made By - Gi
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: 18/53 Rpt: 24/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	11/03/2023	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	Fees Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Banking Fees
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	10/03/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.05	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	1
	Date	Payee name
	10/03/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.01	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 expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIGITATE TO DETICITE C/OI	'

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 19/53 Rpt: 25/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	10/03/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.27	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
		Daliking Fees
<u> </u>	0 1. 0	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiantare to benefit ere	
	Date	Payee name
	09/05/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.05	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
		Daliking 1 ccs
	Complete ONLY if direct	Condidate Office helder name Office equality Office held
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
L	09/05/2023	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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to benefit C/Of	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_		
	Sch: 20/53 Rpt: 26/59	Bernal, Diego M. (The Honorable) 00070466			
4	Date	5 Payee name	_		
	09/05/2023	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	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				
H	Date	Payee name	=		
	08/03/2023	Frost Bank			
┝	Amount (\$)	Payee address; City; State; Zip Code	_		
	\$30.05	P.O. Box 1600			
	Ψ30.03	1.0. Box 1000			
		San Antonio, TX 78296			
L	DUDDOCE	<u></u>	_		
	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	Check if Austin, TX, officeholder living expense			
		Banking Fees			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	experientare to benefit or or	•			
	Date	Payee name			
L	08/03/2023	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			
l		Banking Fees			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
	expenditure to benefit C/O				
\vdash					

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Event Expense
Gitt/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: 21/53 Rpt: 27/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	08/03/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$0.27	P.O. Box 1600
l		
l		San Antonio, TX 78296
8	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. Check if Austin, TX, officeholder living expense
l		Banking Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	07/03/2023	Frost Bank
H	Amount (\$)	Payee address; City; State; Zip Code
l	\$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
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Banking Fees
		Danking 1 ccs
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/03/2023	Frost Bank
H	Amount (\$)	Payee address; City; State; Zip Code
l	\$20.01	P.O. Box 1600
l		
		San Antonio, TX 78296
H	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	LXI LINDITORE	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		

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	,
l	Sch: 22/53 Rpt: 28/59	Bernal, Diego M. (The Honorable) 00070466	
4	Date	5 Payee name	_
l	07/03/2023	Frost Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$0.27	P.O. Box 1600	
l			
l		San Antonio, TX 78296	
8	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.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Banking Fees	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit Grot		
l	Date	Payee name	
l	12/04/2023	Google Domains	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$6.40	1600 Amphitheatre Parkway	
l			
l		Mountain View, CA 94043	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense Website Hosting	
l		Website Hosting	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
l	expenditure to benefit C/OI		
⊨	D-4-		_
l	Date 11/06/2023	Payee name	
L		Google Domains	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$6.40	1600 Amphitheatre Parkway	
l			
		Mountain View, CA 94043	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Website Hosting	
\vdash	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

	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: 23/53 Rpt: 29/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	10/04/2023	Google Domains
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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website Hosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	"
	Date	Payee name
	09/05/2023	Google Domains
	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
	EXI ENDITORE	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/OI	y
	Date	Payee name
	08/03/2023	Google Domains
	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	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website Hosting
	Complete ONLY if allowed	Condidate/Officeholder name Office assists Office hald
	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 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 com	olete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 24/53 Rpt: 30/59	Bernal, Diego M. (The Honorable)	00070466		
4	Date	5 Payee name			
	07/05/2023	Google Domains			
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)	D) 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		
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	office held		
ľ	expenditure to benefit C/O		di Cince nelu		
H	Date	Davies name			
	12/14/2023	Payee name H-E-B Gas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$46.00	300 W. Olmos Drive			
		San Antonio, TX 78212			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	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 sough	ot Office held		
	expenditure to benefit C/OI	•			
H	Date	Payee name			
	11/16/2023	H-E-B Gas			
	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>		
	\$46.19	300 W. Olmos Drive	•		
	Ψ40.19	300 W. Oliflos Drive			
		Con Antonia TV 70040			
		San Antonio, TX 78212			
	PURPOSE OF	,	D) Description Check if traval outside of Toyas, Complete Schoolule T		
	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 sough	t Office held		
	expenditure to benefit C/O				

SCHEDULE F1

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

Fees Office Or
Food/Beverage Expense Polling E
Gift/Awards/Memorials Expense Printing I
Legal Services Salaries/

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

	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: 25/53 Rpt: 31/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	09/12/2023	H-E-B Gas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.30	300 W. Olmos Drive
		San Antonio, TX 78212
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	1
	Date	Payee name
	12/01/2023	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.37	10019 S. I-35 Frontage Road
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	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/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	11/01/2023	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.37	10019 S. I-35 Frontage Road
	,	
		Austin, TX 78747
	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
		Water Delivery for Office
	Complete ONLY 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 comp	plete	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 26/53 Rpt: 32/59	Bernal, Diego M. (The Honorable)			00070466	
4	Date	5 Payee name				
	10/03/2023	Hill Country Springs				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$31.36	10019 S. I-35 Frontage Road				
		Austin, TX 78747				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	b) D	escription		
	OF EXPENDITURE	Office Overhead/Rental Expense	F	Check if travel outsid		
			L W	Vater Delivery fo		ехрепае
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	eld
	expenditure to benefit C/OI					
	Date	Payee name				
	09/01/2023	Hill Country Springs				
	Amount (\$)	Payee address; City; State; Zip Code	e			
	\$11.37	10019 S. I-35 Frontage Road				
		Austin, TX 78747				
	PURPOSE		b) D	escription		
	OF	Office Overhead/Rental Expense	Ĺ	Check if travel outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, o		expense
			V۱	Vater Delivery fo	r Office	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt .		Office he	nld
	expenditure to benefit C/OI	9	ıı		Office fie	au
	Data	D				
	Date 08/01/2023	Payee name Hill Country Springs				
	Amount (\$) \$11.37	Payee address; City; State; Zip Code 10019 S. I-35 Frontage Road	Э			
	φ11.37	10019 S. 1-33 Floritage Road				
		Auctin TV 70747				
		Austin, TX 78747				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	າ) ບ	escription Check if travel outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	E	Check if Austin, TX, o		
			V	– Vater Delivery fo	r Office	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	eld
	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

Hill Country Springs Amount (\$) 7 Payee address; City; State; Zip Code \$61.36 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		Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
Date OT/03/2023 Fayee name Hill Country Springs	1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Amount (\$) 7 Payee address; City; State; Zip Code		Sch: 27/53 Rpt: 33/59	Bernal, Diego M. (The Honorable)		00070466
Amount (S) S61.36 T Payee address; City; State; Zip Code	4	Date	5 Payee name		•
Section Sect		07/03/2023	Hill Country Springs		
Austin, TX 78747 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense	6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held		\$61.36	10019 S. I-35 Frontage Road		
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held					
Office Overhead/Rental Expense			Austin, TX 78747		
Office Overhead/Rental Expense	8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
Candidate/Officeholder name Office sought Office held					_
9 Complete ONLY if direct expenditure to benefit C/OH Date 12/04/2023		EXPENDITORE	·		
Date 12/04/2023					Water Delivery for Office
Date 12/04/2023					
Date 12/04/2023 Amount (\$) Payee address; City; State; Zip Code 999 E. Basse Road Suite #178 San Antonio, TX 78209 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct expenditure to benefit C/OH Payee name 11/03/2023 Amount (\$) Payee name 11/03/2023 Payee address; City; State; Zip Code 999 E. Basse Road Suite #178 San Antonio, TX 78209 Payee address; City; State; Zip Code 999 E. Basse Road Suite #178 San Antonio, TX 78209 PURPOSE OF San Antonio, TX 78209 Complete ONLY if direct Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct Categories listed at the top of this schedule) Food and Beverage for Meeting Check if Austin, TX, officeholder living expense Food and Beverage for Meeting Check if Austin, TX, officeholder living expense Food and Beverage for Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held	9			ght	Office held
Amount (\$) Payee address; City; State; Zip Code					
Amount (\$)		Date			
\$37.52 999 E. Basse Road Suite #178 San Antonio, TX 78209 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct expenditure to benefit C/OH Date 11/03/2023 Amount (\$) Payee name Jersey Mike's Subs Amount (\$) Payee address; City; State; Zip Code 999 E. Basse Road Suite #178 San Antonio, TX 78209 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) (b) Description Check if Austin, TX, officeholder inving expense Food and Beverage for Meeting (b) Description (c) Description (d) Category (see Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held		12/04/2023	Jersey Mike's Subs		
Suite #178 San Antonio, TX 78209 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/OH Date 11/03/2023 Amount (\$) Payee name Jersey Mike's Subs Amount (\$) Payee address; City; State; Zip Code 999 E. Basse Road Suite #178 San Antonio, TX 78209 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if Austin, TX, officeholder Invase. 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		Amount (\$)	Payee address; City; State; Zip Co	de	
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 Candidate/Officeholder name Office sought Office held Payee name 11/03/2023 Amount (\$) Payee address; City; State; Zip Code 999 E. Basse Road Suite #178 San Antonio, TX 78209 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description (b) Description Check if Austin, TX, officeholder IX, officeholder		\$37.52	999 E. Basse Road		
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/OH Date Payee name Jersey Mike's Subs Amount (\$) Payee address; City; State; Zip Code S42.10 Syape address; City; State; Zip Code San Antonio, TX 78209 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder inving expense Check if Austin, TX, officeholder inving expense Check if Austin, TX, officeholder inving expense Code Check if Austin, TX, officeholder inving expense Check if Austin, TX, officeholder inving expense Code Check if Austin, TX, officeholder inving expense Check if Austin,			Suite #178		
Food/Beverage Expense Complete ONLY if direct expenditure to benefit C/OH			San Antonio, TX 78209		
Complete ONLY if direct expenditure to benefit C/OH			(a) Category (See Categories listed at the top of this schedule)	(b)	Description
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/03/2023					
Complete ONLY if direct expenditure to benefit C/OH Date		_/			—
Date 11/03/2023 Payee name Jersey Mike's Subs Amount (\$) Payee address; City; State; Zip Code 999 E. Basse Road Suite #178 San Antonio, TX 78209 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 Candidate/Officeholder name Office sought Office held					rood and beverage for inteeting
Date 11/03/2023 Payee name Jersey Mike's Subs Amount (\$) Payee address; City; State; Zip Code 999 E. Basse Road Suite #178 San Antonio, TX 78209 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 Candidate/Officeholder name Office sought Office held		Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
Jersey Mike's Subs Amount (\$) Payee address; City; State; Zip Code 999 E. Basse Road Suite #178 San Antonio, TX 78209 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 Candidate/Officeholder name Office sought Office held				giit	Office field
Jersey Mike's Subs Amount (\$) Payee address; City; State; Zip Code 999 E. Basse Road Suite #178 San Antonio, TX 78209 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 Candidate/Officeholder name Office sought Office held		Data			
Amount (\$) Payee address; City; State; Zip Code 999 E. Basse Road Suite #178 San Antonio, TX 78209 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 Candidate/Officeholder name Office sought Office held			-		
\$42.10 999 E. Basse Road Suite #178 San Antonio, TX 78209 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 Candidate/Officeholder name Office sought Office held			-		
Suite #178 San Antonio, TX 78209 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 Candidate/Officeholder name Office sought Office held				de	
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 Candidate/Officeholder name Office sought Office held		\$42.10			
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 Candidate/Officeholder name Office sought Office held					
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			San Antonio, TX 78209		
EXPENDITURE FOOd/Beverage Expense Check if Austin, TX, officeholder living expense Food and Beverage for Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held				(b)	
Food and Beverage for Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Food/Beverage Expense		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					—
					<u> </u>
		Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	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

	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 28/53 Rpt: 34/59	Bernal, Diego M. (The Honorable)	00070466			
4	Date	5 Payee name				
	10/10/2023	Jersey Mike's Subs				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$35.56	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				
	EXPENDITURE	1 Course verage Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
		l 🖵	everage for Meeting			
			ğ ğ			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OF	н				
	Date	Payee name				
	09/18/2023	Jersey Mike's Subs				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$58.84	999 E. Basse Road				
	!	Suite #178				
	!	San Antonio, TX 78209				
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense	l outside of Texas. Complete Schedule T.			
	EXPENDITORL	Check if Austin	n, TX, officeholder living expense			
	!	F000 and Be	everage for Meeting			
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O	•	Office field			
	Date	Davide name				
	09/11/2023	Payee name Jersey Mike's Subs				
	Amount (\$)					
	\$36.10	Payee address; City; State; Zip Code 999 E. Basse Road				
	Ψ30.10	Suite #178				
		San Antonio, TX 78209				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel	l outside of Texas. Complete Schedule T.			
	EXPENDITURE	1 00d/Develage Expense	n, TX, officeholder living expense			
		Food and Be	everage for Meeting			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O	d				

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 co	mplete	e this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	_
	Sch: 29/53 Rpt: 35/59	Bernal, Diego M. (The Honorable)		00070466	
4	Date	5 Payee name		·	
	08/14/2023	Jersey Mike's Subs			
6	Amount (\$)	7 Payee address; City; State; Zip Co	de		
	\$68.59	999 E. Basse Road			
		Suite #178			
		San Antonio, TX 78209			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	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	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	_
	expenditure to benefit C/O		igrit	Office field	
┝	Date	Davida nama			_
	07/17/2023	Payee name Jersey Mike's Subs			
		•	-do		
	Amount (\$) \$36.10	Payee address; City; State; Zip Co 999 E. Basse Road	ue		
	Φ30.10				
		Suite #178			
		San Antonio, TX 78209			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description Check if travel outside of Texas. Complete Schedule T.	
				Check ii travel outside of Texas. Complete Schedule 1.	
	EXPENDITURE	Food/Beverage Expense			
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting	
	EXPENDITURE	Food/Beverage Expense	L C F	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou		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 sou	ght	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting	
	Complete ONLY if direct expenditure to benefit C/OlDate 12/20/2023	Candidate/Officeholder name Office sou H Payee name Jimmy John's	ght	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting	
	Complete ONLY if direct expenditure to benefit C/OFDate 12/20/2023 Amount (\$)	Candidate/Officeholder name Office soul Payee name Jimmy John's Payee address; City; State; Zip Co	ght	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting	
_	Complete ONLY if direct expenditure to benefit C/OFDate 12/20/2023 Amount (\$)	Candidate/Officeholder name Office soul Payee name Jimmy John's Payee address; City; State; Zip Co	ght	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting	
	Complete ONLY if direct expenditure to benefit C/Old Date 12/20/2023 Amount (\$) \$26.97	Candidate/Officeholder name Payee name Jimmy John's Payee address; City; State; Zip Co	ode	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting	
	Complete ONLY if direct expenditure to benefit C/OFDate 12/20/2023 Amount (\$) \$26.97	Candidate/Officeholder name Payee name Jimmy John's Payee address; City; State; Zip Co. 7313 San Pedro Avenue San Antonio, TX 78216	ode	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting Office held Description Check if travel outside of Texas. Complete Schedule T.	
	Complete ONLY if direct expenditure to benefit C/Old Date 12/20/2023 Amount (\$) \$26.97	Candidate/Officeholder name Payee name Jimmy John's Payee address; City; State; Zip Co 7313 San Pedro Avenue San Antonio, TX 78216 (a) Category (See Categories listed at the top of this schedule)	ght ode	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OFDate 12/20/2023 Amount (\$) \$26.97	Candidate/Officeholder name Payee name Jimmy John's Payee address; City; State; Zip Co 7313 San Pedro Avenue San Antonio, TX 78216 (a) Category (See Categories listed at the top of this schedule)	ght ode	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting Office held Description Check if travel outside of Texas. Complete Schedule T.	
	Complete ONLY if direct expenditure to benefit C/OF Date 12/20/2023 Amount (\$) PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Jimmy John's Payee address; City; State; Zip Co 7313 San Pedro Avenue San Antonio, TX 78216 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	ght ode	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting Office held Oescription 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/OFDate 12/20/2023 Amount (\$) \$26.97	Candidate/Officeholder name Payee name Jimmy John's Payee address; City; State; Zip Coronal San Antonio, TX 78216 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office south	ght ode	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF Date 12/20/2023 Amount (\$) \$26.97 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Jimmy John's Payee address; City; State; Zip Coronal San Antonio, TX 78216 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office south	ght ode	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting Office held Oescription 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/OF Date 12/20/2023 Amount (\$) \$26.97 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Jimmy John's Payee address; City; State; Zip Coronal San Antonio, TX 78216 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office south	ght ode	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting Office held Oescription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and Beverage for Meeting	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 30/53 Rpt: 36/59	Bernal, Diego M. (The Honorable)	00070466			
4	Date	5 Payee name				
	08/14/2023	Laguna Madre				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$56.83	1227 NE Interstate 410				
	l					
	l	San Antonio, TX 78209				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	1 Cod/Beverage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
	1	1 H	everage for Meeting			
	l		and the same			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O					
H	Date	Payee name				
	09/01/2023	Last Place Burgers				
H	Amount (\$)	Payee address; City; State; Zip Code				
	\$35.08	723 N. Alamo Street				
	•					
		San Antonio, TX 78215				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	1 000/Develage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
	I	,	everage for Meeting			
	l		3			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O					
	Date	Payee name				
	12/15/2023	Lucky Noodle House				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2.74	8525 Blanco Road				
	I					
	I	San Antonio, TX 78216				
	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.			
	-		n, TX, officeholder living expense			
	l	1 000 410 50	verage for infecting			
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office field			

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/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction Guide			ete this form.		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 E			I	3	Filer ID	(Ethics Commission Filers)	_
	Sch: 31/53 Rpt: 37/59		go M. (The Honora	ıble)				00070466		
4	Date	5 Payee name								
	09/21/2023	Lucky Noo								
6	Amount (\$) \$21.46	7 Payee addre 8525 Bland San Antoni		State; Zip Co	ode					
8	PURPOSE	(a) Category (s	see Categories listed at the to	on of this schedule)	(b)	Description				_
	OF EXPENDITURE	I	rage Expense	op of this schedule)		Check if travel o	TX,	officeholder living		
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ight			Office he	eld	
	Date	Payee name								
	10/17/2023	Medina Riv	er Coffee Compan	у						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$14.00	11825 Wes	st Avenue							
		Suite #101								
		San Antoni	o, TX 78216							
	PURPOSE				(h)	Description				_
	OF		ee Categories listed at the to	op of this schedule)	(0)	Description Check if travel o	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Food/Beve	rage Expense			—		officeholder living		
						Food and Bev	/er	age for Mee	ting	
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld	_
	expenditure to benefit C/O	Н								
	Date	Payee name	!							_
	07/31/2023	1 -	er Coffee Compan	у						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$20.31	11825 Wes	st Avenue							
		Suite #101								
			o, TX 78216							
	PURPOSE				(b)	Description				
	OF		iee Categories listed at the to	op of this schedule)	(6)	Description Check if travel o	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	F00u/beve	rage Expense			_		officeholder living		
						Food and Bev	/er	age for Mee	ting	
	Complete ONLY if direct		iceholder name	Office sou	ight			Office he	eld	_
	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 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 for	m.
1	Total pages Schedule F1: Sch: 32/53 Rpt: 38/59	2 FILER NAME Bernal, Diego M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070466
4	Date 08/07/2023	5 Payee name Noodle Tree	
	Amount (\$) \$80.87	7 Payee address; City; State; Zip Code 7114 UTSA Boulevard Suite #101 San Antonio, TX 78249	
8	PURPOSE OF EXPENDITURE	Check	on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense ad Beverage for Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 09/12/2023	Payee name Olmos Park Terrace Neighborhood Association	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 233 W. Wildwood San Antonio, TX 78212	
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee Check	on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense conio Neighbors Together Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 08/28/2023	Payee name Rosario's ComidaMex	
	Amount (\$) \$56.36	Payee address; City; State; Zip Code 722 S. St. Mary's Street	
		San Antonio, TX 78206	
	PURPOSE OF EXPENDITURE	Check	on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense nd 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

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: Sch: 33/53 Rpt: 39/59	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466
4	Date 12/13/2023	5 Payee name San Antonio GOLD
	Amount (\$) \$6.87	7 Payee address; City; State; Zip Code 1913 S. Flores Street #A San Antonio, TX 78204
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/OI	Candidate/Officeholder name Office sought Office held
	Date 11/24/2023	Payee name San Antonio GOLD
	Amount (\$) \$20.70	Payee address; City; State; Zip Code 1913 S. Flores Street #A San Antonio, TX 78204
	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/Ol	Candidate/Officeholder name Office sought Office held
	Date 10/25/2023	Payee name San Antonio GOLD
	Amount (\$) \$12.50	Payee address; City; State; Zip Code 1913 S. Flores Street #A San Antonio, TX 78204
	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 <u>ONLY</u> 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

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	s)	
	Sch: 34/53 Rpt: 40/59	Bernal, Diego M. (The Honorable) 00070466		
4	Date	5 Payee name		
	12/21/2023	Sawasdee Thai Cuisine		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$38.72	6407 Blanco Road		
		San Antonio, TX 78216		
8	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. Check if 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		
	experiditure to beliefit C/Or	vn		
	Date	Payee name		
	08/04/2023	Sawasdee Thai Cuisine		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$16.90	6407 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		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	IT CONTRACTOR OF THE CONTRACTO		
	Date	Payee name		
	07/19/2023	Sawasdee Thai Cuisine		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$34.39	6407 Blanco Road		
		San Antonio, TX 78216		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Category 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		
L				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH			
L				

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
Finding Expense Salaries/Manes/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: 35/53 Rpt: 41/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	07/21/2023	Singhs Vietnamese
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.47	2803 N. St. Mary's Street
		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
		Food and beverage for Meeting
_	Operation ONLY if allowed	One districts (Office healths are seen
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	07/25/2023	Sushi Zushi
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.47	999 E. Basse Road
		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 weeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davis same
	12/14/2023	Payee name T-Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.89	634 NW Interstate 410 Loop
		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 Mobile Phone
		MODILE FIIOTIE
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

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 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: 36/53 Rpt: 42/59	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466
4	Date 11/14/2023	5 Payee name T-Mobile
6	Amount (\$) \$111.89	7 Payee address; City; State; Zip Code 634 NW Interstate 410 Loop San Antonio, TX 78216
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 Mobile Phone
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/16/2023	Payee name T-Mobile
	Amount (\$) \$111.89	Payee address; City; State; Zip Code 634 NW Interstate 410 Loop San Antonio, TX 78216
	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 Mobile Phone
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/14/2023	Payee name T-Mobile
	Amount (\$) \$111.89	Payee address; City; State; Zip Code 634 NW Interstate 410 Loop
		San Antonio, TX 78216
	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 Mobile Phone
	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 -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waacs/Contract Labor

	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: 37/53 Rpt: 43/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	08/14/2023	T-Mobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$109.73	634 NW Interstate 410 Loop
		San Antonio, TX 78216
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
		Mobile Phone
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
┕		
l	Date	Payee name
	07/14/2023	T-Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.73	634 NW Interstate 410 Loop
		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
		Mobile Phone
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	•
⊨	Data	
	Date	Payee name
L	12/11/2023	Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.97	1902 McCullough Avenue
l		
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
$ldsymbol{f eta}$	0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		

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 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 com	plet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 38/53 Rpt: 44/59	Bernal, Diego M. (The Honorable)		00070466
4	Date	5 Payee name		
	12/04/2023	Taqueria Chapala Jalisco		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$27.83	1902 McCullough 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	Į	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L F	Food and Beverage for Meeting
			-	. coa ana coronge no mooning
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	11/21/2023	Taqueria Chapala Jalisco		
_	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$47.55	1902 McCullough Avenue		
		San Antonio, TX 78212		
	PURPOSE		b) г	Description
	OF	Food/Beverage Expense	Ĺ	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
			ŀ	Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sough	h+	Office held
	Complete ONLY if direct expenditure to benefit C/OI		H	Office field
-	Data			
	Date 10/16/2023	Payee name Taqueria Chapala Jalisco		
	Amount (\$) \$15.59	Payee address; City; State; Zip Code	е	
	\$15.59	1902 McCullough Avenue		
		Con Antonia TV 70212		
		San Antonio, TX 78212		
	PURPOSE OF	,] (מ ד	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	F	Check if Austin, TX, officeholder living expense
			Ē	Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
L	expenditure to benefit C/OI	1		
ı				

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 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: 39/53 Rpt: 45/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	10/12/2023	Taqueria Chapala Jalisco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.63	1902 McCullough 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
		1 ood and beverage for weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	08/18/2023	Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.16	1902 McCullough Avenue
		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
		Food and beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 08/10/2023	Payee name Taguaria Chanala Jaliasa
		Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.40	1902 McCullough Avenue
		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
		Food and beverage for infecting
_	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: 40/53 Rpt: 46/59	Bernal, Diego M. (The Honorable) 00070466		
4	Date	5 Payee name		
	07/24/2023	Taqueria Chapala Jalisco		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$39.64	1902 McCullough 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.		
	EXPENDITORE	Check if Austin, TX, officeholder living expense		
		Food and Beverage for Meeting		
_	Commists ONLY if dispost	Candidate/Officeholder name Office sought Office held		
9	Complete ONLY if direct expenditure to benefit C/O			
_				
	Date	Payee name		
	07/12/2023	Taqueria Chapala Jalisco		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$45.22	1902 McCullough Avenue		
		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		
	09/18/2023	Taqueria El Charro Tapatio		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$27.72	4600 Blanco Road		
		San Antonio, TX 78212		
	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		
	0 1. 5			
	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 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: 41/53 Rpt: 47/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	12/18/2023	Tex-Best
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.55	5015 S. U.S. Highway 281
		Alice, TX 78332
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
		Sus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	12/13/2023	The Station Caf
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.96	108 King William Street
		San Antonio, TX 78205
	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	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		
	Date	Payee name
	09/18/2023	The Westin
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.06	420 W Market Street
		San Antonio, TX 78205
	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
		Parking
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

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 Com

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: 42/53 Rpt: 48/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	12/07/2023	The Wicked Wich
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.93	825 Fredericksburg Road
		#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 Austin, TX, officeholder living expense Food and Beverage for Meeting
		Food and beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĺ	expenditure to benefit C/OI	
	Date	Payee name
	07/20/2023	The Wicked Wich
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.62	825 Fredericksburg Road
		#A
		San Antonio, TX 78201
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/04/2023	Tlahco Mexican Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.11	6702 San Pedro Avenue
		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
		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) Event Expense

Advertising Expense Accounting/Banking Consulting 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fil	ers)
-	Sch: 43/53 Rpt: 49/59	Bernal, Diego M. (The Honorable)	010)
4	Date	5 Payee name	
	10/23/2023	Tlahco Mexican Kitchen	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$34.32	6702 San Pedro Avenue	
		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.	
		Check if 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 H	
	5.	T	
	Date	Payee name	
	10/13/2023	Tlahco Mexican Kitchen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.35	6702 San Pedro Avenue	
		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	
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	08/08/2023	Tlahco Mexican Kitchen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.94	6702 San Pedro Avenue	
		San Antonio, TX 78216	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITORE	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 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		
_	Total marca Cabadula E1.	2 FILED NAME	_
1	Total pages Schedule F1: Sch: 44/53 Rpt: 50/59	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466	
4	Date	5 Payee name	
	12/01/2023	Tong's Thai	
6	Amount (\$) \$78.15	7 Payee address; City; State; Zip Code 1146 Austin Highway	
		San Antonio, TX 78209	
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 and Beverage for Meeting	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	12/04/2023	Uber Eats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.32	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	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 infecting	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	11/07/2023	Uber Eats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$48.94	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	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	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

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

nse Travel in
rse Travel O
es/Contract Labor OTHER

	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: 45/53 Rpt: 51/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	10/17/2023	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.35	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	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/25/2023	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.16	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	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
	09/06/2023	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.89	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	Food/Beverage Expense
	EXPENDITORE	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/OH	· · · · · · · · · · · · · · · · · · ·

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	te this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 46/53 Rpt: 52/59	Bernal, Diego M. (The Honorable)	00070466				
4	Date	5 Payee name					
	08/09/2023	Uber Eats					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$42.08	1455 Market Street					
		Suite #400					
		San Francisco, CA 94103					
8	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Food/Beverage Expense	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				
	experioration benefit C/O	1					
	Date	Payee name					
	07/31/2023	Uber Eats					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$64.90	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. 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/Ol	1					
	Date	Payee name					
	09/25/2023	Uber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$6.59	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 In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
			Transport to/from Meetings				
			3				
	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 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: 47/53 Rpt: 53/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	09/25/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.90	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 In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transport to/from Meetings
		Transport to/from Meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	07/13/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.90	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.
		\times \text{\text{Check if Austin, TX, officeholder living expense}} \text{Transport to/from State Capitol}
		Transport to morn state suprie.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	07/13/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.92	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	- CAPCHARLATO TO SOTIONE OF CI	•

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: 48/53 Rpt: 54/59	Bernal, Diego M. (The Honorable)
4	Date	5 Payee name
	07/12/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.97	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.
	EXPENDITORE	X Check if Austin, TX, officeholder living expense
		Transport to/from State Capitol
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/12/2023	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.
		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
		Transport to/nom state Capitor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/03/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.98	1455 Market Street
	,	Suite #400
		San Francisco, CA 94103
		In.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transport to/from State Capitol
\vdash	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 Condidate/(ficebolder/Politics 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 Cabadula F1:	1
1 Total pages Schedule F1: Sch: 49/53 Rpt: 55/59	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466
4 Date 12/26/2023	5 Payee name United States Postal Service
6 Amount (\$) \$65.00	7 Payee address; City; State; Zip Code 475 L'Enfant Plaza SW Room 4012 Washington, DC 20260
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 Post Office Box
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/20/2023	United States Postal Service
Amount (\$) \$65.00	Payee address; City; State; Zip Code 475 L'Enfant Plaza SW Room 4012 Washington, DC 20260
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 Post Office Box
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date 08/22/2023	Payee name VIA 313
Amount (\$) \$20.44	Payee address; City; State; Zip Code 8435 Wurzbach Road Suite #213 San Antonio, TX 78229
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/OF	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	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: 50/53 Rpt: 56/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	08/28/2023	Valero
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.64	6919 US Highway 90 West
		D'Hanis, TX 78850
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
		Sus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	09/05/2023	Vegan Avenue on Main
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.86	2512 N. Main Avenue
		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
		1 ood and Beverage for Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	
	Date 12/06/2023	Payee name
		Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.59	5900 San Pedro Avenue
		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.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> 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/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Frinting Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466		
	Sch: 51/53 Rpt: 57/59	· · · · · · · · · · · · · · · · · · ·		
4	Date	5 Payee name		
	12/11/2023	Wingstop		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$28.78	1107 San Pedro Avenue		
		Suite #102		
		San Antonio, TX 78212		
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	Check if 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		
	Date	Payee name		
	12/26/2023	Zoom		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$17.07	55 Almaden Boulevard		
		6th Floor		
		San Jose, CA 95113		
	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.		
	LA LABITORE	Check if Austin, TX, officeholder living expense		
Meeting Software				
	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		- · · · · · · · · · · · · · · · · · · ·		
	Data			
	Date 11/27/2023	Payee name 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		
	Complete ONU V. St. aliana	Candidate/Officeholder name Office county		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense 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	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: 52/53 Rpt: 58/59	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	10/25/2023	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
		Meeting Soliware
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/25/2023	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
		Meeting Collinate
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/25/2023	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 Austin, TX, officeholder living expense
		Meeting Software
	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

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			mmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	oense	Polling Expen Printing Expe	se nse es/Contract Labor		Travel in Distric		
l	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission	n Filers)
l	Sch: 53/53 Rpt: 59/59		Bernal, Die	ego M. (The Honora	ıble)				00070466		
4	Date	5	Payee name								
	07/25/2023	ľ	Zoom	•							
Ļ		Ļ		O't- ::	04-4	7:- 01-					
6	Amount (\$)	 ′	Payee addre	•	State;	Zip Code					
l	\$17.07			n Boulevard							
l			6th Floor								
l			San Jose,	CA 95113							
8	PURPOSE	(a)	Category (5	See Categories listed at the t	op of this sche	edule) (b) Description				
l	OF EXPENDITURE			rhead/Rental Expe		,				mplete Schedule T.	
l	LAFLINDITORL						_		, officeholder livir	ig expense	
l							Meeting Soft	twa	re		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	C	Office sough	t		Office h	ield	
	experialiture to benefit C/Oi										
l											
l											
l											