

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00068287	<b>2</b> Total pages filed: 10	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Marisa	MI MI	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST Perez-Diaz	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 701342  San Antonio, TX 78270			Date Hand-delivered or Date Postmarked
	Receipt #		Amount	Date Processed
				Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Elsa	MI MI	
	NICKNAME	LAST Perez	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2311 W. Magnolia Ave.  San Antonio, TX 78201			
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 355-9968	EXTENSION	
<b>8</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9</b> PERIOD COVERED	Month    Day    Year 07/01/2023	THROUGH	Month    Day    Year 12/31/2023	
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 11/08/2022		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any) State Board Of Education District 3 Bexar		<b>12</b> OFFICE SOUGHT (if known) State Board Of Education District 3	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 10

<b>13 C / OH NAME</b> Perez-Diaz, Marisa (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00068287
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.										
<table border="1" style="width:100%"> <tr> <td style="width:30%"><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2"><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>			
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>									
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>									
	<input type="checkbox"/> SPECIFIC										
<b>COMMITTEE CAMPAIGN TREASURER NAME</b>											
<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>											

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	300.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,515.18
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
 The Honorable Marisa Perez-Diaz  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_ Signature of officer administering     
 \_\_\_\_\_ Printed name of officer administering     
 \_\_\_\_\_ Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 10

<b>18 FILER NAME</b> Perez-Diaz, Marisa (The Honorable)	<b>19 Filer ID</b> (Ethics Commission Filers) 00068287
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 300.00
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,301.28
12. <input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1.18

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 4/10	<b>2</b> FILER NAME Perez-Diaz, Marisa (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00068287
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<b>4</b> Date 12/06/2023	<b>5</b> Payee name Texas Democratic Party
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<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code 314 E. Highland Mall Blvd. Ste. 104  Austin, TX 78752
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee for 2024 candidacy.
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/5 Rpt: 5/10	<b>2</b> FILER NAME Perez-Diaz, Marisa (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00068287
<b>4</b> Date 10/27/2023	<b>5</b> Payee name Beer Code SA	
<b>6</b> Amount (\$) 30.43	<b>7</b> Payee Address; City; State; Zip 9800 Airport Blvd  San Antonio, TX 78216	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Meal expense during a conference trip.
Date 09/28/2023	Payee name CAST Schools Network	
Amount (\$) 500.00	Payee Address; City; State; Zip 200 E Basse Rd #201  San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (See instructions regarding type of information required.) Support CAST Schools Network Fundraising event.
Date 12/05/2023	Payee name Costco I-35 N	
Amount (\$) 40.79	Payee Address; City; State; Zip 15330  Selma, TX 78154	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel In District	<b>(b)</b> Description (See instructions regarding type of information required.) Commute to visit district schools.
Date 10/27/2023	Payee name Egg Tuck	
Amount (\$) 19.71	Payee Address; City; State; Zip 3458 Wilshire Blvd., Ste. 1/2  Los Angeles , CA 90010	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Meal expense during conference trip.

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 2/5 Rpt: 6/10	<b>2</b> FILER NAME Perez-Diaz, Marisa (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00068287
<b>4</b> Date 10/30/2023	<b>5</b> Payee name Five Guys	
<b>6</b> Amount (\$) 32.40	<b>7</b> Payee Address; City; State; Zip 735 S. Figueroa St., #120  Los Angeles, CA 90017	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Meal expense during conference trip.
Date 11/17/2023	Payee name HEB	
Amount (\$) 71.34	Payee Address; City; State; Zip 1000 E. 41st St.  Austin , TX 78751	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Holiday gifts for staff.
Date 10/25/2023	Payee name Hotel Emma	
Amount (\$) 28.49	Payee Address; City; State; Zip 136 E Grayson St.  San Antonio, TX 78215	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Parking fee for a business meeting.
Date 10/30/2023	Payee name LAX Sky Coffee Bean	
Amount (\$) 5.48	Payee Address; City; State; Zip 1 World Way  Los Angeles, CA 90045	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Meal expense during conference trip.

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 3/5 Rpt: 7/10	<b>2</b> FILER NAME Perez-Diaz, Marisa (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00068287
<b>4</b> Date 10/30/2023	<b>5</b> Payee name Phoenix Zinc Brasseries	
<b>6</b> Amount (\$) 33.51	<b>7</b> Payee Address; City; State; Zip 3400 Sky Hbr Blvd Terminal 4, Level 3 Post-Security, Near Gate C11 Phoenix, AZ 85034	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Meal expense during conference trip.
Date 10/30/2023	Payee name San Antonio International Airport	
Amount (\$) 37.00	Payee Address; City; State; Zip 9800 Airport Blvd.  San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Airport parking fee.
Date 09/29/2023	Payee name San Antonio Marriott Riverwalk	
Amount (\$) 32.48	Payee Address; City; State; Zip 101 Bowie St.  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Parking fee for a speaking event.
Date 10/30/2023	Payee name Southwest Airlines	
Amount (\$) 40.00	Payee Address; City; State; Zip PO Box 36611  Dallas, TX 75235	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Transport expense.

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 4/5 Rpt: 8/10	<b>2</b> FILER NAME Perez-Diaz, Marisa (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00068287
<b>4</b> Date 10/30/2023	<b>5</b> Payee name Starbuck LAX	
<b>6</b> Amount (\$) 11.40	<b>7</b> Payee Address; City; State; Zip 1 World Way, Term 1  Los Angeles, CA 90045	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Meal expense during conference trip.
Date 08/09/2023	Payee name Tiff's Treats	
Amount (\$) 41.68	Payee Address; City; State; Zip 8310-1 N Capital of Texas Highway, Ste. 110  Austin , TX 78731	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Gift to a constituent for campaign support.
Date 10/27/2023	Payee name Uber	
Amount (\$) 50.14	Payee Address; City; State; Zip 1455 Market St. Ste 400  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel Out of District	<b>(b)</b> Description (See instructions regarding type of information required.) Transport from airport to hotel for conference.
Date 10/30/2023	Payee name Uber	
Amount (\$) 20.55	Payee Address; City; State; Zip 1455 Market St. Ste 400  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel Out of District	<b>(b)</b> Description (See instructions regarding type of information required.) Transport from Hotel to conference site.



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 5/5 Rpt: 9/10	<b>2</b> FILER NAME Perez-Diaz, Marisa (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00068287
<b>4</b> Date 10/30/2023	<b>5</b> Payee name Uber	
<b>6</b> Amount (\$) 19.95	<b>7</b> Payee Address; City; State; Zip 1455 Market St. Ste 400  San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel Out of District	<b>(b)</b> Description (See instructions regarding type of information required.) Transport from conference site to lunch.
Date 10/30/2023	Payee name Uber	
Amount (\$) 11.97	Payee Address; City; State; Zip 1455 Market St. Ste 400  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel Out of District	<b>(b)</b> Description (See instructions regarding type of information required.) Transport to hotel from lunch.
Date 10/30/2023	Payee name Uber	
Amount (\$) 47.96	Payee Address; City; State; Zip 1455 Market St. Ste 400  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel Out of District	<b>(b)</b> Description (See instructions regarding type of information required.) Transport to airport from hotel during conference trip.
Date 12/01/2023	Payee name United States Postal Service	
Amount (\$) 226.00	Payee Address; City; State; Zip 15610 Henderson Pass  San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) P.O. Box move / renewal

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

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 10/10
<b>2</b> FILER NAME Perez-Diaz, Marisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00068287
<b>4</b> Date 07/14/2023	<b>5</b> Name of person from whom amount is received Frost Bank	<b>8</b> Amount (\$) \$0.35
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  San Antonio , TX 78265	
	<b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest bearing checking account	
Date 08/11/2023	Name of person from whom amount is received Frost Bank	Amount (\$) \$0.31
	Address of person from whom amount is received; City; State; Zip Code  San Antonio , TX 78265	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest bearing checking account	
Date 09/14/2023	Name of person from whom amount is received Frost Bank	Amount (\$) \$0.38
	Address of person from whom amount is received; City; State; Zip Code  San Antonio , TX 78265	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest bearing checking account	
Date 10/13/2023	Name of person from whom amount is received Frost Bank	Amount (\$) \$0.14
	Address of person from whom amount is received; City; State; Zip Code  San Antonio , TX 78265	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest bearing checking account	