FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081912 27 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Monique G NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Diaz CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Lukin T. NAME NICKNAME LAST **SUFFIX** Gilliland Jr. **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 824-0522 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 150 Bexar District Judge District 150

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 27

15 NOTICE This bo candida		00081912	Ethics Commission Filers)	
FROM candida POLITICAL consent		ted or political expenditures made by political co		
OCIVIIVII I LL(O)	candidate / officeholder. These expenditures may have been made without the candidate's or of consent. Candidates and officeholders are required to report this information only if they receive			
` ′	COMMITTEE TYPE COMMITTEE NAME			
GENERAL COMMITTEE ADDRESS				
 	PECIFIC			
	COMMITTEE CAMPAIGN	TREASURER NAME		
	COMMITTEE CAMPAIGN	TREASURER ADDRESS		
	TOTAL UNITEMIZED POLITICAL CONTRIE OR GUARANTEES OF LOANS, OR CONTR	BUTIONS(OTHER THAN PLEDGES, LOANS, RIBUTIONS MADE ELECTRONICALLY)	\$ 0.00	
2.	TOTAL POLITICAL CONTRIBUTIONS		\$ 0.00	
(OTHER THAN PLEDGES, LOANS, OR GU EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPEND TOTALS		,	\$ 2,368.59	
	TOTAL POLITICAL EXPENDITURES		\$ 12,440.30	
CONTRIBUTION 5.	TOTAL POLITICAL CONTRIBUTIONS MAIN	NTAINED AS OF THE LAST DAY OF THE		
	REPORTING PERIOD	STANDING LOANS AS OF THE LAST DAY	\$ 65,769.23	
	OF THE REPORTING PERIOD	STANDING LOANS AS OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT	true and	r, or affirm, under penalty of perjury, that the acc d correct and includes all information required to Fitle 15, Election Code.		
		The Honorable Monique G Dia	NZ	
		Signature of Candidate or Officehol	der	
AFFIX NOTARY ST	AMP / SEAL ABOVE			
Sworn to and subscribed be	fore me, by the said	, this the	day	
ewoni to and subscribed be	of, 20, to certify which, witness my hand and seal of office.			
	0, to certify which, witness my han	id and Seal of Office.		
	0, to certify which, witness my han	iu anu seai oi onice.		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				JVERS	3 of 27
l	LER NAN az, Mon	1E ique G (The Honorable)	19 Filer ID 00081912	(Ethics Co	ommission Filers)
I		E SUBTOTALS SCHEDULE		SUB	TOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$	12,440.30
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/24 Rpt: 4/27	Diaz, Monique G (The Honorable)	00081912
4	Date	5 Payee name	
	06/03/2024	ADT Security	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$57.28	1 Town Center Rd	
		Boca Raton, FL 33486-1039	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Security system services	Check if travel outside of Texas. Complete Schedule T.
		L	Check if Austin, TX, officeholder living expense Security system for officeholder
			Security system for officeriolider
_	Commiste ONII V if disport	Condidate/Officeholder serve	Office heald
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	05/03/2024	ADT Security	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.28	1 Town Center Rd	
		Boca Raton, FL 33486-1039	
	PURPOSE OF	_	Description
	EXPENDITURE	Security service provider	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L	Security system for officeholder
			Security System for Smootheres.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
_		<u> </u>	
	Date	Payee name	
	04/03/2024	ADT Security	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.28	1 Town Center Rd	
		Boca Raton, FL 33486-1039	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Security services provider	Check if travel outside of Texas. Complete Schedule T.
		L	Check if Austin, TX, officeholder living expense Security system for officeholder
			Security system for officeriolider
	0 1: 0 1: 0		000
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	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 Cor

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: 2/24 Rpt: 5/27	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	03/04/2024	ADT Security
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.28	1 Town Center Rd
		Boca Raton, FL 33486-1039
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Security services provider Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Security system for officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	H
	Date	Payee name
	02/05/2024	ADT Security
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.28	1 Town Center Rd
		Boca Raton, FL 33486-1039
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Security services provider Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Security system for officeholder
		Cooding System for Simocholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/03/2024	ADT Security
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.28	1 Town Center Rd
	Ψ31.20	1 Town Center Nu
		Boca Raton, FL 33486-1039
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Security services provider
		Check if Austin, TX, officeholder living expense Security system for officeholder
		Security system for officeriolider
	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: 3/24 Rpt: 6/27	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	06/25/2024	Alonti Cafe & Catering
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$220.00	8025 Callaghan Rd.
		San Antonio, TX 78230
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 Lunch for civil district court judges meeting
		Edition for Givil district court judges meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/03/2024	Amazon
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$215.17	PO Box 81226
		Seattle, WA 98108-1300
	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 Groceries and break room supplies for presiding
		court staff
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/24/2024	Amazon
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$124.05	PO Box 81226
		Seattle, WA 98108-1300
	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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Seat cushions for office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
\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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/24 Rpt: 7/27	Diaz, Monique G (The Honorable) 00081912	
4	Date	5 Payee name	_
	04/16/2024	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$321.62	PO Box 81226	
		Seattle, WA 98108-1300	
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 Groceries and break room supplies for office staff	
		Groceries and Break room supplies for office stail	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
F	Date	Payee name	-
	02/06/2024	Amazon	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$28.70	PO Box 81226	
		Seattle, WA 98108-1300	
	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 Supplies for office	
		Supplies for office	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
l	expenditure to benefit C/OI	1	
	Date	Payee name	_
	01/30/2024	Amazon	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$84.59	PO Box 81226	
		Seattle, WA 98108-1300	
	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.	
l		Check if Austin, TX, officeholder living expense Groceries and break room supplies for office staff	
		Groceries and break room supplies for office stail	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
\vdash			_

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing 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: 5/24 Rpt: 8/27	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	01/23/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.32	PO Box 81226
		Seattle, WA 98108-1300
8	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
		Supplies for office staff
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	03/25/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.17	PO Box 81226
		Seattle, WA 98108-1300
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	In kind contribution for charity Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Costume donation for Fiesta Cornyation event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/01/2024	Big Mama's Safehouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	214 Bluebonnet St.
	Ψ230.00	214 Bluebollilet St.
		San Antonio, TX 78202
	PURPOSE	I
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Charitable contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

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 Committee

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 6/24 Rpt: 9/27	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	05/15/2024	El Padrino Pantry
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 126 Castillo Ave. San Antonio, TX 78210
Ļ	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Carlandato/ Ciniconologo// Cinicoti
		Charitable contribution
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2024	Fiesta Cornyation
	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$816.34	138 E Summit Ave
		San Antonio, TX 78212-2952
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	2/11/21/01/12	Candidate/Officeholder/Political Committee
		Charitable contribution to fundraiser event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/17/2024	Google
_		
	Amount (\$)	
	\$76.75	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	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 domains
	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 Comr

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/24 Rpt: 10/27	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	06/03/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
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
		Google Suite for officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	06/03/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.75	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	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
		Domestic Violence Commission Google Suite
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	05/15/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.75	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Website domains
	Complete ONLY if direct	Condidate/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)
ertising 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: 8/24 Rpt: 11/27	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	05/01/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.75	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
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 Domestic Violence Commission Google Suite
		Domestic violence Commission Coogle Suite
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/01/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	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 Officeholder Google Suite
		Officeriolaer Google Salte
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 04/15/2024	Payee name Google
		· ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.75	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Website domains
		website domains
\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)
ising 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
Leal 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: 9/24 Rpt: 12/27	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	04/01/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
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 Officeholder Google Suite
		Officeriolder Google Suite
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
⊨	5.	
	Date	Payee name
L	04/01/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.67	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	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
		Domestic Violence Commission Google Suite
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
L		
	Date	Payee name
	03/15/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.75	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	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 domains
L	Operation ONE VIII II	Out that Office half are seen as the control of the country of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
1		
L		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel Out of Dis	strict category not listed above)
ᆫ					
1	Total pages Schedule F1: Sch: 10/24 Rpt: 13/27	2 FILER NAME Diaz, Monique G (The Honorable)	3	Filer ID 00081912	(Ethics Commission Filers)
ㄴ					
4	Date	5 Payee name			
	03/01/2024	Google			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
ľ	\$7.66	1600 Amphitheatre Pkwy			
	Ψ1.00	1000 Amphiliteatre Pkwy			
		Mountain View, CA 94043-1351			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1		
ľ	OF			side of Texas. Com	plete Schedule T.
	EXPENDITURE	Onice Overnedd/Nerital Expense		(, officeholder living	
		l		ogle Suite	
				g	
_					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eld
	experialture to beliefit C/Oi	7			
F	Date	Payee name			
	03/01/2024	Google			
⊢		3			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$63.96	1600 Amphitheatre Pkwy			
		Mountain View, CA 94043-1351			
L	BUBBOOF				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		-i-l4 T O	underte Collegatule T
	EXPENDITURE	Onice Overnead/Nerital Expense		side of Texas. Com (, officeholder living	
					sion Google Suite
		Domestic	VIOLEI	ice Commis	Sion Google Suite
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/OI	7			
F	Date	Payee name			
	02/15/2024	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$76.75	1600 Amphitheatre Pkwy			
		Mountain View, CA 94043-1351			
\vdash	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		oids of Toyes Com	wlote Cebedule T
	EXPENDITURE	Onice Overnead/Nerital Expense		side of Texas. Com K, officeholder living	
		l — l —			g expense
		Website d	ionall	ıo	
L					
1	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/OI	1			
Г					
l					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

l	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: 11/24 Rpt: 14/27	Diaz, Monique G (The Honorable)	00081912				
4	Date	5 Payee name					
	02/01/2024	Google					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
l	\$7.66	1600 Amphitheatre Pkwy					
l							
l		Mountain View, CA 94043-1351					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.				
		Check if Austin Officeholder	n, TX, officeholder living expense				
		Oncerolder	Google Suite				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
ľ	expenditure to benefit C/OI		Chief Held				
H	Date	Payee name					
	02/01/2024	Google					
⊢	Amount (\$)	Payee address; City; State; Zip Code					
l	\$63.96	1600 Amphitheatre Pkwy					
l		γ,					
		Mountain View, CA 94043-1351					
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense				
		Domestic Vio	plence Commission Google Suite				
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold				
	Complete ONLY if direct expenditure to benefit C/OI	•	Office held				
⊢	Date	Payao nama					
l	01/16/2024	Payee name Google					
L	Amount (\$)	Payee address; City; State; Zip Code					
l	\$76.75	1600 Amphitheatre Pkwy					
l	4.0						
		Mountain View, CA 94043-1351					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
l	EXPENDITURE	Onice Overneau/Nerital Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
l		Website dom					
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI						
T							
ᆫ							

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

	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: 12/24 Rpt: 15/27	Diaz, Monique G (The Honorable) 00081912					
4	Date	5 Payee name	_				
	01/02/2024	Google					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$63.96	1600 Amphitheatre Pkwy					
		Mountain View, CA 94043-1351					
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 Domestic Violence Commission Google Suite					
		Domestic Violence Commission Google Suite					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
ľ	expenditure to benefit C/O						
H	Date	Payee name	_				
	01/02/2024	Google					
┝	Amount (\$)	Payee address; City; State; Zip Code	_				
	\$7.66	1600 Amphitheatre Pkwy					
	Ψ1.00	1000 Amphiliteatie Pkwy					
		Mountain View, CA 04042 1251					
L		Mountain View, CA 94043-1351	_				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Officeholder Google Suite					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1					
	Date	Payee name					
	04/19/2024	HEB #718					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$75.50	516 S Flores St					
		San Antonio, TX 78204-1217					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Groceries for office staff					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
	expenditure to benefit C/O						
\vdash			_				

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
4	Sch: 13/24 Rpt: 16/27 Date	Diaz, Monique G (The Honorable) 00081912 5 Payee name	_
	04/10/2024	HEB #718	
6	Amount (\$) \$41.31	7 Payee address; City; State; Zip Code 516 S Flores St San Antonio, TX 78204-1217	
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 Staff appreciation cake for staff birthday	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 06/21/2024	Payee name HEB - Olmos	
	Amount (\$) \$119.38	Payee address; City; State; Zip Code 300 W Olmos Dr San Antonio, TX 78212-1958	
	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 Groceries for office for staff	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 05/17/2024	Payee name HEB - Olmos	
	Amount (\$) \$11.86	Payee address; City; State; Zip Code 300 W Olmos Dr	
		San Antonio, TX 78212-1958	
	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 Staff appreciation farewell cake for CCDV staff	
	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

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: 14/24 Rpt: 17/27	Diaz, Monique G (The Honorable) 00081912
4 Date	5 Payee name
05/10/2024	HEB - Olmos
6 Amount (\$) \$26.92	7 Payee address; City; State; Zip Code 300 W Olmos Dr San Antonio, TX 78212-1958
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 Staff appreciation birthday cake for CCDV staff
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/08/2024	HEB
Amount (\$) \$209.79	Payee address; City; State; Zip Code 9900 Wurzbach
	San Antonio, TX 78230
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 International Women's Day event for Bexar County Judges
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/01/2024	HEB
Amount (\$) \$49.54	Payee address; City; State; Zip Code 9900 Wurzbach
	San Antonio, TX 78230
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. X Check if Austin, TX, officeholder living expense Food for staff appreciation
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/24 Rpt: 18/27	Diaz, Monique G (The Honorable)	00081912
4	Date	5 Payee name	
	04/08/2024	Hispanic Law Alumni Association	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	1 Camino Santa Maria St.	
		San Antonio, TX 78228	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		C	haritable contribution
_			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/06/2024	Kahsandra, Luna	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	115 Kings Ct.	
		San Antonio, TX 78212	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	In kind contribution for charity	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			onation of hair and makeup artist for Fiesta
			ornyation
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	
	Date	Payee name	
	06/17/2024	Krispy Kreme	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.01	12328 IH-10	
	Ψ30.01	12020 111 10	
		San Antonio, TX 78230	
	D. 100.00	,	
	PURPOSE OF		escription Theck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
		F	ood for presiding court staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	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/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: 16/24 Rpt: 19/27	Diaz, Monique G (The Honorable) 00081912	
4	Date	5 Payee name	
	05/24/2024	Krispy Kreme	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$170.72	12328 IH-10	
L		San Antonio, TX 78230	_
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 for jurors	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	06/03/2024	NGP VAN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$341.12	655 15th St NW	
		Ste 650	
		Washington, DC 20005-5701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes Complete Schedule T	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Program for officeholder use	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experialiture to benefit C/O		
	Date	Payee name	
	05/20/2024	NGP VAN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$341.12	655 15th St NW	
		Ste 650	
		Washington, DC 20005-5701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Program for officeholder use	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol	7	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/24 Rpt: 20/27	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	04/03/2024	NGP VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$341.12	655 15th St NW
		Ste 650
		Washington, DC 20005-5701
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
		Program for officeholder use
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/OI	
	Date	Payee name
	03/04/2024	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$341.12	655 15th St NW
		Ste 650
		Washington, DC 20005-5701
	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
		Program for officeholder use
		Trogram for omconduct doc
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/05/2024	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$341.12	655 15th St NW
		Ste 650
		Washington, DC 20005-5701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Program for officeholder use
	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 Co

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/24 Rpt: 21/27	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	01/03/2024	NGP VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$341.12	655 15th St NW
		Ste 650
		Washington, DC 20005-5701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Program for officeholder use
		r regram for emberiolaer ase
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/06/2024	ReadyRefresh Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.42	5410 Dietrich Rd
		San Antonio, TX 78212-2919
	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
		Water for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/06/2024	ReadyRefresh Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.29	5410 Dietrich Rd
		San Antonio, TX 78212-2919
	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 Water for office
		vvalei ioi oilice
	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/Politica Credit Card Payment	Fees Of Food/Beverage Expense Prod/Feverage Expense Prod/Feverage Expense Prod/Fees Pr	oan Repayment/Reimbursement ffice Overhead/Rental Expense July Expense inting Expense alaries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	;	3 Filer ID (Ethics Commission Filers)				
Sch: 19/24 Rpt: 22/27	Diaz, Monique G (The Honorable)		00081912				
4 Date	5 Payee name						
05/09/2024	ReadyRefresh Water						
6 Amount (\$)	7 Payee address; City; State; Z	'in Code					
\$68.04	5410 Dietrich Rd San Antonio, TX 78212-2919	5410 Dietrich Rd					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedul	e) (b) Description					
OF EXPENDITURE	Food/Beverage Expense	Check if travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O		ce sought	Office held				
Date	Payee name						
04/11/2024	ReadyRefresh Water						
Amount (\$)	Payee address; City; State; Z	ip Code					
\$68.04	\$68.04 5410 Dietrich Rd						
	San Antonio, TX 78212-2919						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedul Food/Beverage Expense		utside of Texas. Complete Schedule T.				
EXPENDITURE	, coargo ago a ponos	Check if Austin, Water for office	k if Austin, TX, officeholder living expense for office				
Complete ONLY if direct	Candidate/Officeholder name Offic	ce sought	Office held				
expenditure to benefit C/O		30 30 ag i i					
Date	Payee name						
03/19/2024	ReadyRefresh Water						
Amount (\$) \$2.70	Payee address; City; State; Z 5410 Dietrich Rd	(ip Code					
	San Antonio, TX 78212-2919						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Food/Beverage Expense	Check if travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O		ce sought	Office held				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/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: 20/24 Rpt: 23/27	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	02/15/2024	ReadyRefresh Water
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.04	5410 Dietrich Rd
	1	
		San Antonio, TX 78212-2919
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
	!	Water for office
	1	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	01/18/2024	ReadyRefresh Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.04	5410 Dietrich Rd
	Ψ00.01	o 120 Biodion 1 to
	1	San Antonio, TX 78212-2919
	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.
	1	Check if Austin, TX, officeholder living expense Water for office
	!	water for office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Davida nama
	03/04/2024	Payee name Shipley Do-Nuts
	Amount (\$) \$226.70	Payee address; City; State; Zip Code 10918 Wurzbach
	φ220.70	
	!	Ste. 135
		San Antonio, TX 78230
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (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
	1	Food for jurors
	!	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	H

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 21/24 Rpt: 24/27	2 FILER NAME Diaz, Monique G (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081912
_	<u> </u>	l l
4	Date 02/01/2024	5 Payee name Shipley Do-Nuts
6	Amount (\$) \$125.94	7 Payee address; City; State; Zip Code 10918 Wurzbach Ste. 135 San Antonio, TX 78230
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 for jurors
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2024	Shipley Do-Nuts
	Amount (\$) \$83.96	Payee address; City; State; Zip Code 10918 Wurzbach Ste. 135 San Antonio, TX 78230
	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 for jurors
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/11/2024	Payee name Shipley Do-Nuts
	Amount (\$) \$149.67	Payee address; City; State; Zip Code 10918 Wurzbach Ste. 135 San Antonio, TX 78230
	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 for jurors
	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 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 wade by - Grit/Awards/Memorials Expense Printing					above)							
	Credit Card Payment The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F1:	2	2 FILER NAME				3	Filer ID	(Ethics Comm	ission Filers)		
	Sch: 22/24 Rpt: 25/27		Diaz, Monique G (The Honorable)						00081912			
4	Date	5	Payee name									
	03/18/2024		St. Paul's Catholic	Church								
6	Amount (\$)	7	Payee address; C	ity. State	e· Zin Co	nde						
Ĭ	\$300.00											
	+555.55		20. 207									
			Con Antonio TV 70	220								
		<u> </u>	San Antonio, TX 78									
8	PURPOSE OF	(a)	Category (See Categorie		chedule)	(b)	Description		df.T O	alaka Oakaalula T		
	EXPENDITURE		Contributions/Dona Candidate/Officeho		mittee		=		de of Texas. Com officeholder living			
			Candidate/Officerio	idei/i dilileai comi	TILLEC		Charitable co				undraiser	
							sponsorship					
9	Complete ONLY if direct		andidate/Officeholder	name	Office sou	ght			Office he	eld		
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	06/28/2024		Texas Public Radio									
	Amount (\$)	┢	Payee address; C	ity; State	e; Zip Co	nde						
\$51.83 321 W Commerce St				•	o, <u> </u>							
	402.00											
			San Antonio, TX 78	205-2408								
	DUDDOCE	(0)				(b)	5 10					
	PURPOSE OF	(a)	Category (See Categorie		chedule)	(D)	Description Check if travel of	nutsi	de of Texas Com	nlete Schedule T		
	EXPENDITURE		Contributions/Donations Made By				<u></u>	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense				
Charitable contribution												
	Complete ONLY if direct		andidate/Officeholder	name	Office sou	ght			Office he	eld		
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	05/28/2024		Texas Public Radio									
	Amount (\$)		Payee address; C	ity; State	e; Zip Co	de						
	\$51.83		321 W Commerce S	St								
			San Antonio, TX 78	205-2408								
	PURPOSE	(a)	Category (See Categorie	es listed at the ton of this so	rhedule)	(b)	Description					
	OF	``	Contributions/Dona		onoddio)			outsi	de of Texas. Com	olete Schedule T.		
	EXPENDITURE		Candidate/Officeho	lder/Political Com	mittee		_		officeholder living	expense		
							Charitable co	ntri	bution			
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder	name	Office sou	ght			Office he	eld		
	experience to beliefit 6/01											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 23/24 Rpt: 26/27	Diaz, Monique G (The Honorable) 00081912	
4	Date	5 Payee name	
	04/29/2024	Texas Public Radio	
6	Amount (\$) \$51.83	7 Payee address; City; State; Zip Code 321 W Commerce St San Antonio, TX 78205-2408	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Charitable contribution	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/28/2024	Texas Public Radio	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$51.83	321 W Commerce St	
		San Antonio, TX 78205-2408	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee	
		Chantable contribution	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	Date	Payee name	
	02/28/2024	Texas Public Radio	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$51.83	321 W Commerce St	
		San Antonio, TX 78205-2408	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	ZA ZADITORZ	Candidate/Officeholder/Political Committee	
		Charitable contribution	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH			
l			

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: 24/24 Rpt: 27/27	Diaz, Monique G (The Honorable) 00081912	
4	Date	5 Payee name	
	01/29/2024	Texas Public Radio	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$51.83	321 W Commerce St	
		San Antonio, TX 78205-2408	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
		Chanasis sonaisadon	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H	Date	Payee name	
	01/05/2024	Tower of the Americas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$429.93	739 E. Cesar E. Chavez	
	\$120.00	100 E. 0000 E. 01100E	
		San Antonio, TX 78205	
	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 Staff Appreciation and staff birthday luncheon	
		Starr Appression and Starr Branday fundresh	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH			
-	Date	Payee name	
	03/27/2024	Troublemaker Photography	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$525.00	State Hwy 249	
	Ψ323.00		
		Suite 220	
		San Antonio, TX 77064	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Photography for judicial farewell event	
		7 - 3 - 4 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH			