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 40 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Monique G NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Diaz CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 90883 MAILING Amount Receipt # **ADDRESS** Change of Address San Antonio, TX 78209 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** 901 N.E. Loop 410 **ADDRESS** Ste. 909 (Residence or Business) San Antonio, TX 78209 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 824-0522 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/03/2026 χ 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 40

13 C / OH NAME	Diaz, Monique G (Th	e Honorable)	14 Filer ID 00081912	(Ethics Commission	n Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or offic	eholder's knowledg	e or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	ENERAL COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS				
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00		
		ICAL CONTRIBUTIONS	10)	\$	0.00		
EXPENDITURE TOTALS	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				2,928.83		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 17	7,780.93		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$ 48	3,019.85		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00		
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.					
		The Hono	orable Monique G Di	az			
		i de la companya del companya de la companya de la companya del companya de la co	f Candidate or Officeho				
AFFIX NO	AFFIX NOTARY STAMP / SEAL ABOVE						
		aid	, this the	day			
of	, 20, to c	ertify which, witness my hand and seal of office.					
Signature of offi	cer administering oath	Printed name of officer administering oath	Title of office	er administering oatl	<u></u>		
Signature or offi	cer auministering vant	rinited hame of officer autilitistering batti	Tide of office	aummstering Odli	ı		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 40							
18 FILER NAM	E que G (The Honorable)	19 Filer ID 00081912	(Ethics Commission Filers)					
20 SCHEDULE	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 0.00					
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00					
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ 0.00					
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$ 0.00					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$ 17,780.93					
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00					
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

PLEDGED CONTRIBUTIONS (JUDICIA	L)		SCHEDULE	B(J)	
The Instruction Guide explains how to complete	1 Total pages Schedule B(J): Sch: 1/1 Rpt: 4/40				
FILER NAME Diaz, Monique G (The Honorable)	3 Filer ID (Eth 00081912	ics Commission Filers)		
TOTAL OF UNITEMIZED PLEDGES			\$	0.00	
5 Date 6 Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	9 In-kind descrip I (If applicable I I	otion e)	
		Check if travel outs	I I I I side of Texas. Comple	te Schedule T.	
10 Pledgor's principal occupation	11 Pledgor's job title				
12 Pledgor's employer/law firm	13 Law firm of pledgor's s	spouse (if any)			
14 If pledgor is a child, law firm of parent(s) (if any)					

	LOANS (J	UDICIAL)				SCHEDU	JLE E (J)
	The Instructio	n Guide explains how to complete this	form.	Total pages Schedule E(J): Sch: 1/1 Rpt: 5/40				
2	FILER NAME Diaz, Monique G	G (The Honorable)		1	iler ID 00819	(Ethics Comr	nission File	ers)
4	TOTAL OF UN				\$		0.00	
5	Date of loan	7 Name of lender out-of-state PA	AC (ID#:			9 Loan Amo	unt (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest Ra		
						11 Maturity D	ate	
12	Lender's Principal	Occupation	13 Lender's Job Title					
14	Lender's Employer	/Law Firm	15 Law Firm of lender's spous	se (if a	ıny)			
16	If lender is child, la	w firm of parent(s) (if any)	L					
17	Description of Coll	ateral	18 Check if personal funds were deposited into political account (See Instructions)					
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount G	uaranteed	(\$)
23	not applicable Guarantor's Princi	21 Guarantor address; City; State; Dal Occupation	Zip Code Zip Code					
25	Guarantor's Emplo	worll aw Eirm	26 Law Firm of guarantor's sp	101100	(if any)			
			20 Law Firm of guarantor 3 Sp	ousc	(ii ariy)			
27	If guarantor is child	d, law firm of parent(s) (if any)						

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, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet 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: 1/35 Rpt: 6/40	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	12/03/2024	ADT Security
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.63	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 Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Security system for officeholder
_	Operation ONLY if allowed	One districts (Office health and a second se
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/04/2024	ADT Security
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.63	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 Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Security system for officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	10/03/2024	ADT Security
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.63	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Security system for officeholder
		County System for Universided
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/W		se s/Contract Labor		OTHER (enter	a category not listed	d above)
				The Instruction G	uide explains l	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 2/35 Rpt: 7/40		Diaz, Moniq	ue G (The Hon	orable)					00081912		
4	Date	5	Payee name									
	09/03/2024		ADT Securit	у								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$62.63		1 Town Cen									
			Boca Raton	FL 33486-103	39							
8	PURPOSE	(2)					(h)	Description				
ľ	OF	رس) ا	Security (Se	e Categories listed at	the top of this sche	edule)	(5)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Security					=		officeholder livir		
								Security syste	em	for officeho	older	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	С	office sou	ght			Office h	neld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	08/05/2024		ADT Securit	у								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$62.63		1 Town Cen	ter Rd								
			Boca Raton,	FL 33486-103	89							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Security					=			mplete Schedule T.	
								ш		officeholder livir		
								Security syste	2111	ioi onicent	Juei	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	aht			Office h	neld	
	expenditure to benefit C/O		Janalaate/Onic	cholder hame	O	ince sou	giit			Office i	iciu	
-	Data	_										
	Date 07/03/2024		Payee name ADT Securit	v								
					Otata	7:- 0-	-1					
	Amount (\$)		Payee addres		State;	Zip Co	ue					
	\$62.63		1 Town Cen	ter Ru								
			D D-1	EL 00400 400	20							
				, FL 33486-103		1						
	PURPOSE OF	(a) 		e Categories listed at	the top of this sche	edule)	(b)	Description	outei	de of Teves Co	nplete Schedule T.	
	EXPENDITURE		Security							officeholder livir		
								Security syste				
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
l												

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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/35 Rpt: 8/40	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	12/09/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.40	PO Box 81226
		Seattle, WA 98108-1300
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff appreciation holiday cards
		Stan appreciation notical cards
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/05/2024	Amazon
H	Amount (\$)	Payee address; City; State; Zip Code
	\$69.92	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
		Equipment for office
		Equipment of office
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/04/2024	Amazon
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$61.07	PO Box 81226
		Seattle, WA 98108-1300
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Christmas gifts for children in need
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
1		

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: 4/35 Rpt: 9/40	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	09/06/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.73	PO Box 81226
		Seattle, WA 98108-1300
8	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 Teambuilding event supplies
		reamballaring event supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davisa nama
		Payee name
	09/03/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.14	PO Box 81226
		Seattle, WA 98108-1300
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Teambuilding event supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	08/26/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.14	PO Box 81226
		Seattle, WA 98108-1300
	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 Teambuilding event supplies
		reambulluling event 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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/35 Rpt: 10/40	Diaz, Monique G (The Honorable)	00081912
4	Date	5 Payee name	•
	08/23/2024	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$11.90	PO Box 81226	
		Seattle, WA 98108-1300	
8	PURPOSE		Description
	OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	[Check if Austin, TX, officeholder living expense
			Teambuilding event supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Grot	'	
	Date	Payee name	
	09/16/2024	Blessed Bites	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$360.65	3406 Navasota Cir.	
l		San Antonio, TX 78259	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) [Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXI ENDITORE		Check if Austin, TX, officeholder living expense
l		'	Food for portrait unveiling ceremony
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Office field
-	Date		
	Date 09/16/2024	Payee name Blessed Bites	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.66	3406 Navasota Cir.	
		San Antonio, TX 78259	
	PURPOSE OF	, ,	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Food for portrait unveiling ceremony
			,
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H			

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/Memorials Printing Expense

Repayment/Reimbursement
Overhead/Rental Expense
g Expense
g Expense
es/Wages/Contract Labor

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

	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: 6/35 Rpt: 11/40	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	08/23/2024	Collaborative Commission on Domestic Violence
6	Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 100 Dolorosa
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITORL	Candidate/Officeholder/Political Committee
		Charitable contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/07/2024	Collaborative Commission on Domestic Violence
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	100 Dolorosa
	4100.00	200 20101000
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITORL	Candidate/Officeholder/Political Committee
		Charitable contribution to CCDV
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/11/2024	Flores, David
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	1535 W Mulberry Ave
		San Antonio, TX 78201-5071
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Intern stipend
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
<u> </u>	Total pages Schedule F1:	2 EII ED NAME	3 Filer ID (Ethics Commission Filers)
-	Sch: 7/35 Rpt: 12/40	Diaz, Monique G (The Honorable)	00081912
4	Date	5 Payee name	•
	12/02/2024	Frost Bank	
6	Amount (\$) \$22.50	7 Payee address; City; State; Zip Code 8130 Interchange Pkwy	
		San Antonio, TX 78218-1541	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if trave	el outside of Texas. Complete Schedule T.
	LAFENDITORE	H	in, TX, officeholder living expense
		Bank fees	
L			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/04/2024	Frost Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.50	8130 Interchange Pkwy	
	Ψ22.30	0130 interchange i kwy	
		San Antonio, TX 78218-1541	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	el outside of Texas. Complete Schedule T.
		Bank fees	in, TX, officeholder living expense
		Dalik lees	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/02/2024	Frost Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$117.25	8130 Interchange Pkwy	
		,	
		San Antonio, TX 78218-1541	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 663	el outside of Texas. Complete Schedule T.
		Bank fees	in, TX, officeholder living expense
		Dank lees	
	Operation Children	Overdilate (Office helder to	Office In 11
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Superiorder to beliefft 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 8/35 Rpt: 13/40	2 FILER NAME Diaz, Monique G (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081912
4	Date 09/03/2024	5 Payee name Frost Bank	
6	Amount (\$) \$22.50	7 Payee address; City; State; Zip Code 8130 Interchange Pkwy	
		San Antonio, TX 78218-1541	
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/02/2024	Payee name Frost Bank	
	Amount (\$) \$22.50	Payee address; City; State; Zip Code 8130 Interchange Pkwy San Antonio, TX 78218-1541	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 07/01/2024	Payee name Frost Bank	
	Amount (\$) \$22.50	Payee address; City; State; Zip Code 8130 Interchange Pkwy	
		San Antonio, TX 78218-1541	
	PURPOSE OF EXPENDITURE	1 003	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense Salaries/Wages/Contract Labor

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 com	nplet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/35 Rpt: 14/40	Diaz, Monique G (The Honorable)		00081912
4	Date	5 Payee name		•
	12/02/2024	Google		
6	Amount (\$)	7 Payee address; City; State; Zip Code	de	
	\$7.68	1600 Amphitheatre Pkwy		
		Mountain View, CA 94043-1351		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) r	Description
	OF	Office Overhead/Rental Expense]	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Ī	Check if Austin, TX, officeholder living expense
			(Officeholder Google Suite
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ght	Office held
	Date	Payee name		
	12/02/2024	Google		
	Amount (\$)	Payee address; City; State; Zip Code	de	
	\$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.
			L	Check if Austin, TX, officeholder living expense
				JOD V Google Gallo
	Complete ONLY if direct	Candidate/Officeholder name Office sough	aht	Office held
	expenditure to benefit C/OI		,	
-	Date	Payee name		
	11/01/2024	Google		
	Amount (\$)	Payee address; City; State; Zip Code	de	
	\$76.75	1600 Amphitheatre Pkwy	uc	
	Ψ10.110	1000 / unprincipación i kury		
		Mountain View, CA 94043-1351		
	PURPOSE		/b\ r	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(D) [Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Kerital Expense	į	Check if Austin, TX, officeholder living expense
			(CCDV Google Suite
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 The Instruction Guide expla		/ages/	Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI	<u> </u>				3	Filer ID	(Ethics Commission File	ers)
	Sch: 10/35 Rpt: 15/40		que G (The Honorable)					00081912		
4	Date	5 Payee name								
	11/01/2024	Google								
6	Amount (\$)	7 Payee addre	ess; City; St	ate; Zip Co	de					
	\$7.68	1600 Amph	itheatre Pkwy							
		Mountain V	iew, CA 94043-1351							
8	PURPOSE OF		ee Categories listed at the top of this	s schedule)	(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense			<u> </u>		de of Texas. Comp officeholder living		
						Officeholder (expense	
						0111001101401		ogio odito		
9	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI									
	Date	Payee name								
	10/01/2024	Google								
	Amount (\$)	Payee addre	ess; City; St	ate; Zip Co	de					
	\$7.68	1600 Amph	nitheatre Pkwy							
		Mountain V	iew, CA 94043-1351							
	PURPOSE	(a) Category (S	ee Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense					de of Texas. Comp		
						Officeholder (officeholder living	expense	
						Onicendider (300	ogie Suite		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	ald.	
	expenditure to benefit C/O		iceriolaei fiame	Office 300	giit			Office fic	ii u	
_	Date	Payee name								
	10/01/2024	Google								
		Payee addre	occi City: St	ate; Zip Co	do					
	Amount (\$) \$76.75	_	ess;	ale, Zip Co	ue					
	φ/0./5	1000 Ampi	iililealie Fkwy							
		Mountain V	iew, CA 94043-1351							
	PURPOSE	(a) Category	ee Categories listed at the top of this	s schedule)	(b)	Description				
	OF		head/Rental Expense				outsi	de of Texas. Comp	olete Schedule T.	
	EXPENDITURE		,			_		officeholder living	expense	
						CCDV Google	e S	Suite		
	Complete ONLY if direct		iceholder name	Office sou	ght	·	_	Office he	eld	
	expenditure to benefit C/O	1								

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 Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/35 Rpt: 16/40	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	09/03/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.75	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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CCDV Google Suite
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/03/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Pkwy
	Ψ1.00	1000 Amphiliteatie i kwy
		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
		Officeriolider Google Suite
	Commission ONII V if disposi	Candidata/Officabalday page Offica payabt Offica bold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	08/05/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.31	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 Additional officeholder account storage space
		Additional officeriolder account storage space
_	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	poa.taro to borioni o/Oi	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries	Expen s/Wage	se es/Contract Labor	7	Fravel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	2 FILER NAM		c explains now to t	Jonipi		3 F	iler ID	(Ethics Commission F	Filers)
_	Sch: 12/35 Rpt: 17/40	1	que G (The Honora	ıble)		[00081912	(Ethics Commission)	11013)
4	Date	5 Payee name				I .				
	08/01/2024	Google								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip (Code					
	\$7.68	1600 Amp	hitheatre Pkwy							
		Mountain \	/iew, CA 94043-13!	51	_					
8	PURPOSE	(a) Category (See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expe	nse		<u> </u>			nplete Schedule T.	
						Check if Austin, Officeholder G			g expense	
						Omoonoidor O	joog	gio Gaito		
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ought			Office h	eld	
	Date	Payee name								
	08/01/2024	Google								
	Amount (\$)	Payee addr	ess; City;	State; Zip (Code					
	\$76.75	1600 Amp	hitheatre Pkwy							
		Mountain \	/iew, CA 94043-13	51						
	PURPOSE OF	(a) Category (See Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expe	nse		Check if travel ou			nplete Schedule T.	
						CCDV Google			y expense	
						CCD V Coogle	. Ou	ite		
	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office so	<u>l</u> ouaht			Office h	eld	
	expenditure to benefit C/OI				J					
	Date	Payee name	<u> </u>							
	07/01/2024	Google								
	Amount (\$)	Payee addr	ess; City;	State; Zip (Code					
	\$7.68	· ·	hitheatre Pkwy	, -						
			,							
		Mountain \	/iew, CA 94043-13	51						
	PURPOSE	(a) Category (See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expe	nse		ш			nplete Schedule T.	
						Check if Austin,			g expense	
						Officeholder G	ooo(Jie Suite		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	niap+			Office h	eld.	
			ncenduci name	Office St	rugni			Office II	ciu	
	expenditure to benefit C/OI	H								

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/35 Rpt: 18/40	Diaz, Monique G (The Honorable)	00081912
4	Date	5 Payee name	•
	07/01/2024	Google	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$76.75	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 CCDV Google Suite
			CCDV Google Suite
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
Ĭ	expenditure to benefit C/O		Office field
_	Date	Davis same	
	07/01/2024	Payee name H-E-B #718	
	Amount (\$) \$9.98	Payee address; City; State; Zip Code 516 S Flores St	
	Φ9.9δ	510 S Flores St	
		0 - A TV 70004	
		San Antonio, TX 78204	
	PURPOSE OF	1	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Food for CCDV / court staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	4	
	Date	Payee name	
	12/16/2024	HEB #718	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$121.37	516 S Flores St	
		San Antonio, TX 78204-1217	
	PURPOSE		Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Groceries for CCDV and Court staff
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	, and a solution of the		

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			Legal Services			g Exper s/Wage	ise es/Contract Lab	oor	OTHER (enter	a category not listed above	e)
	Credit Card Payment			The Instruc	tion Guide	explains how to	comp	lete this for	m.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 14/35 Rpt: 19/40		Diaz, Moniq	ue G (The	e Honorab	ole)				00081912		
4	Date	5	Payee name						•			
	12/02/2024		HEB #718									
6	Amount (\$)	7	Payee addres	s; City	<i>,</i> .	State; Zip	Code					
	\$98.11		516 S Flores		,	- III - I						
	700.22		0_0 0 1 10101									
			Can Antonic	TV 7020	11117							
L		<u> </u>	San Antonio				1					
8	PURPOSE OF	(a)	Category (Se			p of this schedule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expe	nse					ade of Texas. Co , officeholder livi	mplete Schedule T.	
								\Box		CDV and co		
9	Complete ONLY if direct		Candidate/Offic	eholder na	ame	Office s	ouaht			Office	neld	
	expenditure to benefit C/OI						5					
\vdash	Date	Г	Doves non-									
	10/28/2024		Payee name HEB #718									
	Amount (\$)		Payee addres	•	' ;	State; Zip	Code					
	\$107.03		516 S Flores	S St								
			San Antonio	, TX 7820)4-1217							
	PURPOSE OF	(a)	Category (Se	e Categories I	isted at the top	p of this schedule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expe	nse					side of Texas. Co I, officeholder livi	mplete Schedule T.	
										CDV and co		
								0.000	, , , , ,	02 0 0 0		
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder na	ame	Office s	ouaht			Office	neld	
	expenditure to benefit C/OI		2 d. 1 d. 1 d. 1 d. 1 d. 1	, o o		000	o ag			000	.0.0	
-	Data	Г										
	Date 08/27/2024		Payee name HEB #718									
	Amount (\$)		Payee addres	•	' ;	State; Zip	Code					
	\$26.23		516 S Flores	S St								
			San Antonio	, TX 7820)4-1217							
	PURPOSE OF	(a)	Category (Se			p of this schedule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expe	nse			ш		side of Texas. Co I, officeholder livi	mplete Schedule T.	
										/ Court sta		
								. 554 101	2007	. 55011 510	· ·	
\vdash	Complete ONLY if direct	Ц,	Candidate/Offic	eholder na	ame	Office s	Oliapt			Office	neld	
	expenditure to benefit C/OI		Janaidate/Offic	Zeriolaci III		Office s	Jugiil			Jilice	1014	
\vdash												
1												

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 15/35 Rpt: 20/40	Diaz, Monique G (The Honorable)	00081912
4 Date	5 Payee name	
08/26/2024	HEB #718	
6 Amount (\$) \$15.20	7 Payee address; City; State; Zip Cod 516 S Flores St	e
\$15.20	510 S Fioles St	
	San Antonio, TX 78204-1217	
8 PURPOSE		b) Description
OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Food for CCDV / Court staff
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O		
Date	Payee name	
08/19/2024	HEB #718	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$30.91	516 S Flores St	
	San Antonio, TX 78204-1217	
PURPOSE OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	b) Description
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Groceries for CCDV and court offices
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
experience to believe eye		
Date	Payee name	
08/01/2024	HEB #718	
Amount (\$) \$250.00	Payee address; City; State; Zip Cod 516 S Flores St	e
Ψ230.00	310 3 1 10163 31	
	San Antonio, TX 78204-1217	
PURPOSE		b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Grocery gift cards for families in need
		Stocety gift cards for families in fieed
	Candidate/Officeholder name Office soug	ht Office held
Complete ONLY if direct		
Complete <u>ONLY</u> if direct 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

	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: 16/35 Rpt: 21/40	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	10/28/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.48	20935 Hwy 281 N
		San Antonio, TX 78201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if the relevant of Taylor Camplete Schedule T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CCDV County Fall Festival supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/O	1
	Date	Payee name
	09/20/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.25	300 W Olmos Dr
		San Antonio, TX 78212-1958
	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
		Groceries for CCDV and court offices
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	08/01/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.87	300 W Olmos Dr
		San Antonio, TX 78212-1958
	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 for CCDV / court staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	is Expense	Salaries/V		se s/Contract Labor		OTHER (enter	a category not listed ab	ove)
				The Instruction (Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 17/35 Rpt: 22/40		Diaz, Moniq	ue G (The Hor	norable)					00081912		
4	Date	5	Payee name									
	07/26/2024		HEB									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$139.99		300 W Olmo			, _,						
			San Antonic	, TX 78212-19	150							
Ļ		ļ.,										
8	PURPOSE OF	(a)		e Categories listed at	the top of this sch	nedule)	(b)	Description	outo:	do of Toyon Con	anlata Cabadula T	
	EXPENDITURE		Food/Bevera	age Expense						officeholder livin	nplete Schedule T. a expense	
								Groceries for				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
H	Date	Π	Payee name									
	07/12/2024		HEB									
_	Amount (\$)	┢	Payee addres	ss; City;	State	; Zip Co	de					
	\$47.80		20935 US H	, ,,		, _,						
	4.1.133											
			San Antonio	TV 79259								
	DUDDOCE	(0)					(h)	5 ' ' '				
	PURPOSE OF	(a)		e Categories listed a	the top of this sch	nedule)	(D)	Description Check if travel (nutsi	de of Texas, Cor	nplete Schedule T.	
	EXPENDITURE		F000/Bevera	age Expense				=		officeholder livin		
								Appreciation	cak	ces for CCD	V and court sta	ıff
	Complete ONLY if direct		 Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	Π	Payee name									
	07/05/2024		HEB									
	Amount (\$)	H	Payee addres	ss; City;	State	; Zip Co	de					
	\$28.98		300 W Olmo	-		, ,						
			San Antonic	, TX 78212-19	958							
	PURPOSE	(2)					(h)	Description				
	OF	(a)		e Categories listed at age Expense	the top of this sch	nedule)	(0)	Description Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		roou/bever	age Expense						officeholder livin		
								Food for CCE	VC	and court s	taff	
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 18/35 Rpt: 23/40	Diaz, Monique G (The Honorable) 00081912
4	Date 10/11/2024	5 Payee name
_		HeroSpace Digital Consulting LLC
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 1840 W Mulberry Ave
		San Antonio, TX 78201-4928
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
		Website Hosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/03/2024	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
		i regram ter emesticae, des
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/04/2024	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
	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/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 19/35 Rpt: 24/40	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	10/03/2024	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Program for officeholder use
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/03/2024	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
	LAI LINDITORE	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/O	
	Data	
	Date 08/07/2024	Payee name 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
		1 Togram to officeriolaer ase
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

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: 20/35 Rpt: 25/40	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	07/03/2024	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
		1 Togram for officeriolder ase
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/09/2024	National Student Leadership Conference
	Amount (\$)	Payee address; City; State; Zip Code
	\$289.00	320 W. Ohio St, Suite 4W
		Chicago, IL 60654
	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
		Sponsorship for mentee to attend NSLC
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H .
	Date	Payee name
	07/23/2024	Northwest Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	5403 Jackwood Dr.
		San Antonio, TX 78238
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Event sponsorship
		Event sponsorship
	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	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Overhead Polling Expense Printing Expens Salaries/Wages	e /Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
Ļ		· ·	low to comple	-	_		(E.I.)
1	Total pages Schedule F1: Sch: 21/35 Rpt: 26/40	Diaz, Monique G (The Honorable)			3	Filer ID 00081912	(Ethics Commission Filers)
4	Date	5 Payee name					
	12/02/2024	Paragon Solutions					
6	Amount (\$) \$25.00	7 Payee address; City; State; 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	Zip Code				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Fees	(b)		TX	ide of Texas. Comp , officeholder living on ssing fees	
9	Complete ONLY if direct expenditure to benefit C/Oh		office sought			Office hel	d
	Date	Payee name					
	11/04/2024	Paragon Solutions					
	Amount (\$)	Payee address; City; State;	Zip Code				
	\$25.00	2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Fees	edule) (b)		TX	ide of Texas. Comp , officeholder living on ssing fees	
	Complete ONLY if direct expenditure to benefit C/Oh		office sought			Office hel	d
	Date	Payee name		· · · · · · · · · · · · · · · · · · ·			
	10/02/2024	Paragon Solutions					
	Amount (\$) \$119.75	Payee address; City; State; 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	Zip Code				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Fees	edule) (b)	ш	TX	ide of Texas. Comp , officeholder living on SSING fees	
	Complete ONLY if direct expenditure to benefit C/Oh		office sought			Office hel	d

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 22/35 Rpt: 27/40	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	09/03/2024	Paragon Solutions
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 2141 E Broadway Rd
		Ste 202 Tempe, AZ 85282-1895
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Payment processing fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2024	Paragon Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2141 E Broadway Rd
	,	Ste 202
		Tempe, AZ 85282-1895
	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 LIIDITORE	Check if Austin, TX, officeholder living expense
		Payment processing fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/02/2024	Paragon Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2141 E Broadway Rd
		Ste 202
		Tempe, AZ 85282-1895
	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
		Payment processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/35 Rpt: 28/40	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	11/21/2024	ReadyRefresh Water
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.24	5410 Dietrich Rd
		San Antonio, TX 78212-2919
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 Water for CCDV and court offices
		water for GGDV and count offices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/24/2024	ReadyRefresh Water
H	Amount (\$)	Payee address; City; State; Zip Code
	\$64.71	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 CCDV and court offices
		water for GGDV and count offices
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/02/2024	ReadyRefresh Water
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3.78	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 CCDV and court offices
		Water for CCDV and court offices
\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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
		<u>, </u>	
1	Total pages Schedule F1:)
	Sch: 24/35 Rpt: 29/40	Diaz, Monique G (The Honorable) 00081912	
4	Date	5 Payee name	
	08/29/2024	ReadyRefresh Water	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$6.57	5410 Dietrich Rd	
	Ψ0.51	3410 Dictricit Nu	
		San Antonio, TX 78212-2919	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense	
		Water for CCDV and court offices	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	
	Date	Payee name	_
	08/29/2024	ReadyRefresh Water	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$64.71	5410 Dietrich Rd	
	Φ04.71	5410 Dietrich Ru	
		San Antonio, TX 78212-2919	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense	
		Water for CCDV and court offices	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialture to benefit C/Oi		
	Date	Payee name	
	08/02/2024	ReadyRefresh Water	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.93	5410 Dietrich Rd	
	,		
		Con Antonio TV 70212 2010	
		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 CCDV and court offices	
		Train in Sept and sourcement	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	•		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotogony pet listed above)

Candidate/Offi Credit Card Paym	ceholder/Politica ent	al Committee	Legal Services The Instruction Gui	Salarie ide explains how to		s/Contract Labor ete this form.		OTHER (enter a	category not listed above)
1 Total pages Sc	hedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commission Filers)
Sch: 25/35 R	pt: 30/40	Diaz, Mon	ique G (The Hono	rable)				00081912	
4 Date		5 Payee nam	е						
07/09/2024		ReadyRef	resh Water						
6 Amount (\$)		7 Payee addr	ess; City;	State; Zip	Code				
	\$60.93	5410 Dietr	ich Rd						
		San Antor	io, TX 78212-2919	9					
8 PURPOSE OF		I	See Categories listed at the	e top of this schedule)	(b)	Description			
EXPENDITUR	RE	Food/Beve	erage Expense			ш		ide of Texas. Com , officeholder living	
						Water for CC			
						valer for ee	, D v	and count o	mices
9 Complete ONL expenditure to			fficeholder name	Office s	ought			Office he	eld
-									
Date		Payee nam							
07/09/2024		ReadyRef	resh Water						
Amount (\$)		Payee addr	ess; City;	State; Zip	Code				
	\$3.78	5410 Dieti	ich Rd						
		San Antor	io, TX 78212-291	9					
PURPOSE OF		I	See Categories listed at the	e top of this schedule)	(b)	Description			
EXPENDITUR	RE	Food/Beve	erage Expense					ide of Texas. Com , officeholder living	
						Water for CC			
						Tracor for GG		and count o	
Complete ONL			fficeholder name	Office s	 ought			Office he	eld
expenditure to	benefit C/O	Н							
Date		Payee nam	e						
10/01/2024		Riverwalk	Plaza Hotel						
Amount (\$)		Payee addr	ess; City;	State; Zip	Code				
(4)	\$500.00	100 Villita		эннэ, —р					
	4000.00	100 7	O.i.						
		San Antor	io, TX 78205						
PURPOSE		(a) Category	See Categories listed at the	e top of this schedule)	(b)	Description			
OF EXPENDITUR	RE	Event Exp	ense					ide of Texas. Com	•
	-							, officeholder living	
						Eveni rentai s	Spa	ice for CCD	V co-sponsored CLE
Complete Ot!!	V if direct	Condidata	fficabolder neme	Office -	ought.			Office	7ld
Complete ONL expenditure to			fficeholder name	Office s	ougnt			Office he	eiu

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/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: 26/35 Rpt: 31/40	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	08/26/2024	SA Coalition for Veterans and Families
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	4102 S. New Braunfels, Ste. 110
		San Antonio, TX 78223
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
		Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	09/09/2024	SA Film Festival
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	15662 Robin Ridge
		San Antonio, TX 78248
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Event sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davida dama
	07/12/2024	Payee name Saltgrass Riverwalk
	Amount (\$)	Payee address; City; State; Zip Code
	\$314.08	502 River Walk
		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 Appreciation luncheon for CCDV and court staff
		Appreciation function for CODV and Court stati
_	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 Fees

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhea bens pens ages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME		_		3	Filer ID	(Ethics Commission Filers)
-	Sch: 27/35 Rpt: 32/40		Diaz, Monique G (The Honorable)				ľ	00081912	(
4	Date	5	Payee name						
	08/08/2024		San Antonio Trial Lawyers Association						
6	Amount (\$) \$1,500.00	7	Payee address; City; State; PO Box 120212 San Antonio, TX 78212	Zip Coo	de				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Contributions/Donations Made By Candidate/Officeholder/Political Commit		(b)	Check if Austin	, TX	ide of Texas. Com , officeholder living hip at event l	
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice souç	ght			Office he	eld
	Date		Payee name						
	12/16/2024		Squarespace						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$93.53		225 Varick St						
			Fl 12						
			New York, NY 10014-4383						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	dule)	(b)	<u></u>	, TX	ide of Texas. Com, , officeholder living n renewal	
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Of	ffice souç	ght			Office he	eld
	Date		Payee name						
	11/15/2024		Squarespace						
	Amount (\$) \$93.53		Payee address; City; State; 225 Varick St FI 12 New York, NY 10014-4383	Zip Co	de				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	dule)	(b)	ш	, TX	ide of Texas. Com, , officeholder living n renewal	
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Of	ffice sou	ght			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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/35 Rpt: 33/40	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	10/24/2024	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$132.00	225 Varick St
		Fl 12
		New York, NY 10014-4383
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 domain renewal
		Website domain renewal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	10/15/2024	Squarespace
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$77.94	225 Varick St
		Fl 12
		New York, NY 10014-4383
	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 domain renewal
		Website domain renewal
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/07/2024	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	225 Varick St
		Fl 12
		New York, NY 10014-4383
Г	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 domain renewal
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		, , , , , , , , , , , , , , , , , , , ,
		The Instruction Guide explains how to complete	<u> </u>
1	Total pages Schedule F1: Sch: 29/35 Rpt: 34/40	FILER NAME Diaz, Monique G (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081912
4	Date	Payee name	L
	09/16/2024	Squarespace	
6	Amount (\$) \$77.94	Payee address; City; State; Zip Code 225 Varick St	
		FI 12 New York, NY 10014-4383	
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	escription Check if travel outside of Texas. Complete Schedule T.
		w L	Check if Austin, TX, officeholder living expense Vebsite domain renewal
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/30/2024	Squarespace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.00	225 Varick St	
		FI 12	
		New York, NY 10014-4383	
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) De	escription
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L	Vebsite domain renewal
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/15/2024	Squarespace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$153.28	225 Varick St	
		FI 12	
		New York, NY 10014-4383	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , ,	escription
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L	Vebsite domain renewal
		"	
	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 Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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: 30/35 Rpt: 35/40	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	08/12/2024	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.00	225 Varick St
		Fl 12
		New York, NY 10014-4383
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 domain renewal
		Website domain renewal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/06/2024	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$132.00	225 Varick St
		FI 12
		New York, NY 10014-4383
	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
		Website domain renewal
		Website domain renewal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	08/05/2024	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.00	225 Varick St
		Fl 12
		New York, NY 10014-4383
	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 domain renewal
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/35 Rpt: 36/40	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	07/15/2024	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.94	225 Varick St
		Fl 12
		New York, NY 10014-4383
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 domain renewal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/04/2024	State Bar of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$203.68	1414 Colorado St
		Austin, TX 78701-1627
	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 CCDV Symposium CLE accreditation sponsorship
		fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/01/2024	State Bar of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$740.00	1414 Colorado St
		Austin, TX 78701-1627
	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 Membership dues
		Wellibership dues
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 32/35 Rpt: 37/40	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	07/12/2024	Texas Ethics Commission
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$512.45	201 East 14th St., 10th Floor
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval cutside of Taylor Camplete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Filing fee
L		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/Of	
	Date	Payee name
	12/30/2024	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 Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Charitable contribution
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/29/2024	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 Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. 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	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/35 Rpt: 38/40	Diaz, Monique G (The Honorable) 00081912
4	Date	5 Payee name
	10/28/2024	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	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
	09/30/2024	Texas Public Radio
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.83	321 W Commerce St
	401.00	
		San Antonio, TX 78205-2408
	DUDDOCE	
PURPOSE OF		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.
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
		Charitable contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/28/2024	Texas Public Radio
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.83	321 W Commerce St
	Ψ01.00	GET IT COMMISSO OF
		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 Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Charitable contribution
	0 1. 5	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to belief 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officerologer/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 34/35 Rpt: 39/40	Diaz, Monique G (The Honorable) 00081912						
4	Date	5 Payee name						
	07/29/2024	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	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF 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						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	11/21/2024	USPS						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$36.10	McCullough Ave.						
		ğ						
		San Antonio, TX 78212						
	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 CCDV expedited mail of check for consulting						
		services rendered						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	11/18/2024	USPS						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$216.00	McCullough Ave.						
San Antonio, TX 78212								
	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.						
	LAI LINDITORE	Check if Austin, TX, officeholder living expense						
		PO Box payment						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries/M				trict category not listed above)		
1	Total pages Schedule F1:	2	<u> </u>	3	Filer ID	(Ethics Commission Filers)			
Ė	Sch: 35/35 Rpt: 40/40	_	Diaz, Monique G (The Honorable)			00081912	(Lanco Commission i nera)		
4	Date	5	Payee name						
	10/02/2024	Walmart							
6	Amount (\$) \$444.82	7 Payee address; City; State; Zip Code 8500 Jones Maltsberger Rd.							
		San Antonio, TX 78216							
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 Candidate/Officeholder/Political Committee							
			Candidate/Officeholder/Political Committee		Toys and supplie				
					-,a oappiii	are			
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office sou	ght		Office he	eld		
H	Date		Payee name						
	10/28/2024		Walmart						
	Amount (\$)		Payee address; City; State; Zip Co	de					
	\$10.48		8500 Jones Maltsberger Rd.						
			San Antonio, TX 78216						
PURPOSE			Category (See Categories listed at the top of this schedule)	Description					
OF EXPENDITURE			Event Expense	—	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
				all Festival C					
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ght		Office he	ıld		