# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00070466		2 Total pages fil	ed: )2
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Diego M.			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST Bernal		SUFFIX	··· 01/15/2025	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 12411				Receipt #	Amount
Change of Address	San Antonio, TX 78212				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Blakely				
	NICKNAME	LAST		SUFFIX		
		Fernandez				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP <sup>-</sup>	r / SUITE #; CITY	; STA	ATE; ZIP CODE
TREASURER ADDRESS	300 Convent St., Ste. 270	0				
(Residence or Business)	San Antonio, TX 78205					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (210) 299-3410	IE NUMBER E	EXTENSION			
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after car appointment (office	mpaign treasurer ceholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	IROUGH	12/31/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	∐ <sup>P</sup>	rimary	Runoff	Other	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	Γ (if known)	
	State Representative Distr	rict 123		State Represen	tative District 123	
	•			•		
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 102

13 C / OH NAME	Bernal, Diego M. (Th	e Honorable)	14 Filer ID 00070466	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exp These expenditures may have been made wi d officeholders are required to report this infor	thout the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш	GENERAL			
	_	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NA	ME	
		COMMITTEE CAMPAIGN TREASURER AD	DRESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF L	OANS)	<b>\$</b> 57,921.66
EXPENDITURE TOTALS	3. TOTAL UNITEN	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITION	CAL EXPENDITURES		<b>\$</b> 18,895.35
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF 1 ERIOD	THE LAST DAY OF THE	<b>\$</b> 41,180.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF	PAL AMOUNT OF ALL OUTSTANDING LOAN RTING PERIOD	IS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under p true and correct and inclu under Title 15, Election C	penalty of perjury, that the ac des all information required ode.	companying report is to be reported by me
		The	Honorable Diego M. Berr	nal
		Signat	ure of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of offic	e.	
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath

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

# FORM C/OH COVER SHEET PG 3

				3 of 102
<b>18</b> FILER NAME Bernal, Diego	o M. (The Honorable)	<b>19</b> Filer ID 00070466	(Ethics Commission	on Filers)
20 SCHEDULE SUNAME OF SCH	SUBTOTAL A	AMOUNT		
1. X SO	\$	56,623.00		
2. X SO	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,298.66
3. Sc	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X SC	CHEDULE E: LOANS		\$	0.00
5. X SC	\$	18,895.35		
6. X SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00
8. X SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X SC	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10. Sc	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11. Sc	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12. X SO	\$	0.75		
			-	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/15 Rpt: 4/102	
2	FILER NAME Bernal, Dieg	NAME al, Diego M. (The Honorable)		3	Filer ID (Ethics Commission 00070466	on Filers)
4	Date 12/10/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu	Austin, TX 78767 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	) 		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Action Behavior Centers Texas Political Action C Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Altamirano, Beto Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		San Antonio, TX 78215				
	Principal occu Self	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_Ancira Jr., Jesse  Contributor address; City; State; Zip Code  Taylor, TX 76574-4925	)		Amount of Contribution (\$)	\$400.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Associated General Contractors of Texas-PAC Contributor address; City; State; Zip Code  Austin, TX 78768			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/15 Rpt: 5/102	
2	FILER NAME Bernal, Dieg	o M. (The Honorable)		3	Filer ID (Ethics Commission 00070466	on Filers)
4	Date 12/13/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$2,000.00
_	<u> </u>	Miami, FL 33136				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_ Austin Firefighters Association PAC Contributor address; City; State; Zip Code  Austin, TX 78752	)		Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_ Beef PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Amarillo, TX 79106 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#: Bernal, Eleanor Contributor address; City; State; Zip Code San Antonio, TX 78201	)		Amount of Contribution (\$)	\$48.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_ Bracewell PAC Contributor address; City; State; Zip Code Houston, TX 77002			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 6/102
2	FILER NAME Bernal, Dieg	o M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00070466
4	Date 12/10/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Brentwood Public Affairs</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$) \$1,000.00
_		Austin, TX 78701	T		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 10/19/2024	Full name of contributor out-of-state PAC (ID#:_ Brogan, David Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$25.00
	Principal occu	San Antonio, TX 78212-3115 pation / Job title (See Instructions)	Employer (See Instructions	·/	
	Retired	pation / Job title (See Instructions)	Retired	»)	
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:_Bryan, Christine  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$100.00
		San Antonio, TX 78255	1	L	
	IT and Public	pation / Job title (See Instructions) c Policy	Employer (See Instructions Clarity Child Guidance (		nter
	Date 12/03/2024	Full name of contributor X out-of-state PAC (ID#:_ Chevron Employees PAC Contributor address; City; State; Zip Code San Ramon, CA 94583	C00035006 )	•	Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.                                    </u>	
	Date 07/15/2024	Full name of contributor out-of-state PAC (ID#:_ Comeaux, Robert L.  Contributor address; City; State; Zip Code  San Antonio, TX 78232-4948			Amount of Contribution (\$) \$10.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)	
			,		

	MONET	ARY POLITICAL CONTRIBUTION	<b>)</b>	IS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 7/102	
2	FILER NAME Bernal, Dieg	o M. (The Honorable)			3	Filer ID (Ethics Commission 00070466	n Filers)
4	Date 08/13/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	San Antonio, TX 78232-4948 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Retired			Retired			
	Date 09/13/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
	Dringing con	San Antonio, TX 78232-4948	_	Employer (Coo Instructions	<u></u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	>)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Comeaux, Robert L. Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78232-4948					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ Comeaux, Robert L.  Contributor address; City; State; Zip Code  San Antonio, TX 78232-4948		)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>I</u> S)		
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID#:_Dukes, Thomas  Contributor address; City; State; Zip Code  San Antonio, TX 78209		)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 8/102	
2	FILER NAME Bernal, Dieg	o M. (The Honorable)			3	Filer ID (Ethics Commission 00070466	n Filers)
4	Date 12/13/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$300.00
_	Deireitaal	San Antonio, TX 78213-3137		Faralassa (Ossalastasstissa			
8	Principal occu Partner	pation / Job title (See Instructions)	9	Employer (See Instructions OCI	S) 		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID Figueroa, Luis  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Austin, TX 78723		Free lever (Coo le structione	_		
		pation / Job title (See Instructions) slative Affairs		Employer (See Instructions Every Texan	5)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID Galarza, Beverly  Contributor address; City; State; Zip Code	#:	)	•	Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78209-5241					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID Girdley, Michael  Contributor address; City; State; Zip Code  San Antonio, TX 78209-2231		)		Amount of Contribution (\$)	\$250.00
	Principal occu Alamo Firew	pation / Job title (See Instructions) orks Inc.		Employer (See Instructions Executive	5)		
	Date 10/19/2024	Full name of contributor out-of-state PAC (ID Griswold, Tammy  Contributor address; City; State; Zip Code  San Antonio, TX 78212			•	Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 9/102	
2	FILER NAME Bernal, Dieg	o M. (The Honorable)			3	Filer ID (Ethics Commission 00070466	n Filers)
4	Date 10/20/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	San Antonio, TX 78212 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Hausenfluck, Amber  Contributor address; City; State; Zip Code  Austin, TX 78704		Credit Human		Amount of Contribution (\$)	\$500.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Holland and Knight Texas PAC Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$250.00
	Principal occu	Dallas, TX 75201 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#: Houston Police Retired Officers Association PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77219 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 10/24/2024	Full name of contributor out-of-state PAC (ID#:_ Kanagaki, Kenneth  Contributor address; City; State; Zip Code  San Antonio, TX 78216-5238		)	-	Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 10/102	
2	FILER NAME Bernal, Dieg	o M. (The Honorable)		3	Filer ID (Ethics Commission 00070466	on Filers)
4	Date 12/10/2024	5 Full name of contributor out-of-state PAC (ID#:_ Knustrom, Eric  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	Deignaignal annu	Austin, TX 78737	O Familia de Constituição			
8	Attorney	pation / Job title (See Instructions)	Employer (See Instructions     Self	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Laredo Fire PAC			Amount of Contribution (\$)	\$500.00
	Principal occu	Laredo, TX 78041 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_Linebarger Goggan Blair & Sampson, LLP  Contributor address; City; State; Zip Code  Austin, TX 78760			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_ Meyer, Catherine  Contributor address; City; State; Zip Code  San Antonio, TX 78204			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 11/102	
2	FILER NAME Bernal, Dieg	FILER NAME Bernal, Diego M. (The Honorable)			Filer ID (Ethics Commission 00070466	on Filers)
4	Date 12/13/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Oncor Texas State Political Action Committee of Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$1,000.00
_		Dallas, TX 75202	1			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_Ortiz, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Dringing Loop	San Antonio, TX 78205	Frankrije (Coo kostrustions	$\overline{\Gamma}$		
	Attorney	upation / Job title (See Instructions)	Employer (See Instructions Ortiz McKnight PLLC	5)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_Panchevre, Samuel  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78202				
		upation / Job title (See Instructions) y Group/Alamo City Investments	Employer (See Instructions Self	<u></u>		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_Philips Uresti Meachum Partners  Contributor address; City; State; Zip Code  Austin, TX 78711			Amount of Contribution (\$)	\$500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/02/2024	Full name of contributor out-of-state PAC (ID#:_Polk, Douglas  Contributor address; City; State; Zip Code  Austin, TX 78738			Amount of Contribution (\$)	\$500.00
	Principal occu Business Ov	upation / Job title (See Instructions)	Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 9/15 Rpt: 12/102
2	FILER NAME Bernal, Dieg	o M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00070466
4	Date 12/03/2024	5 Full name of contributor out-of-state PAC (ID#:_ Rasti, Kelly  6 Contributor address; City; State; Zip Code	)	7 Amount of Contribution (\$) \$200.00
_	<u> </u>	San Antonio, TX 78256		
8	Principal occu Director	pation / Job title (See Instructions)	9 Employer (See Instructions) Texas Association of Sc	
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Red Rock Texas PAC  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$750.00
	Principal occu	Austin, TX 78701  pation / Job title (See Instructions)	Employer (See Instructions	)
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Marc Contributor address; City; State; Zip Code  Austin, TX 78701		Amount of Contribution (\$) \$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
	Lobbyist		Offices of Marc A. Rodri	guez
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#: Ruttenberg, Frank  Contributor address; City; State; Zip Code  San Antonio, TX 78210	)	Amount of Contribution (\$) \$100.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Haynes Boone	
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_SALUTE PAC  Contributor address; City; State; Zip Code  San Antonio, TX 78201	)	Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
		•		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/15 Rpt: 13/102	
2	FILER NAME Bernal, Dieg	o M. (The Honorable)		3	Filer ID (Ethics Commission 00070466	on Filers)
4		Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$150.00
8	Dringinal occu	San Antonio, TX 78210 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Retired	pation / 300 title (3ee instructions)	Retired	,		
	Date Full name of contributor out-of-state PAC (ID#:)  11/04/2024 TREPAC - Texas Association of Realtors PAC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2,500.00
	Austin, TX 78368  Principal occupation / Job title (See Instructions)  Employer (See Instruction		Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:  12/03/2024 TXCPA Political Action Committee  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occu	Addison, TX 75001 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:_ Tenet Healthcare Corporation PAC Contributor address; City; State; Zip Code Dallas, TX 75254			Amount of Contribution (\$)	\$250.00
		Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/10/2024 Texans for Reasonable Solutions PAC  Contributor address; City; State; Zip Code  Austin, TX 78741			Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 11/15 Rpt: 14/102		
2	FILER NAME Bernal, Dieg	o M. (The Honorable)		3	Filer ID (Ethics Commission 00070466	on Filers)	
4			7	Amount of Contribution (\$)	\$1,000.00		
_		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/10/2024 Texas Dairymen PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Austin, TX 78711  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Employer (See Instructions	)			
		, , , , , , , , , , , , , , , , , , , ,		,			
	Date Full name of contributor ☐ out-of-state PAC (ID#:)  11/19/2024 Texas Dental Association Political Action Committee  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
		Austin, TX 78704					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78201	)		Amount of Contribution (\$)	\$1,000.00	
		Employer (See Instructions	)				
	Date Full name of contributor out-of-state PAC (ID#:)  11/18/2024 Texas Mortgage Bankers PAC  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 12/15 Rpt: 15/102		
2	FILER NAME Bernal, Dieg	o M. (The Honorable)		3	Filer ID (Ethics Commission 00070466	on Filers)	
4			7	Amount of Contribution (\$)	\$1,000.00		
_	Deignaignal annu	Austin, TX 78705	O Franks or (Cas Instructions				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)			
	Date Full name of contributor out-of-state PAC (ID#:)  09/18/2024 Texas Sands PAC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$4,000.00	
	Austin, TX 78701  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/10/2024 Texas Sands PAC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$4,000.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Society of Architects Committee  Contributor address; City; State; Zip Code  Austin, TX 78702	)		Amount of Contribution (\$)	\$1,000.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Employer (See Instructions	)				
	Date Full name of contributor out-of-state PAC (ID#:)  12/03/2024 Texas State Teachers Association PAC  Contributor address; City; State; Zip Code  Austin, TX 78759			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 13/15 Rpt: 16/102	=	
2	FILER NAME Bernal, Dieg	FILER NAME Bernal, Diego M. (The Honorable)			Filer ID (Ethics Commission Filers) 00070466		
4	Date 12/13/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$2,500.00	)	
_	Deignigal	Austin, TX 78701	O Familia var (Cap Instructions			_	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/18/2024 Texas and Southwestern Cattle Raisers Association  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,000.00	_		
	Principal occu	Fort Worth, TX 76185 pation / Job title (See Instructions)	Employer (See Instructions	)		_	
		,					
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_ The Bexar County Justice PAC of SATLA  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00	)	
		San Antonio, TX 78232					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date Full name of contributor			Amount of Contribution (\$) \$500.00	)		
Principal occupation / Job title (See Instructions)  Employer (See Instruction		)		_			
	Date Full name of contributor out-of-state PAC (ID#:)  11/18/2024 Travis, Charlotte  Contributor address; City; State; Zip Code  San Antonio, TX 78212-1213			Amount of Contribution (\$) \$100.00	)		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 14/15 Rpt: 17/102		
2	FILER NAME Bernal, Dieg	o M. (The Honorable)		3	Filer ID (Ethics Commission 00070466	on Filers)	
4	Date   5 Full name of contributor		7	Amount of Contribution (\$)	\$3,000.00		
8	Principal occu	San Antonio, TX 78288 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	- Fillicipai occu	pation / 300 title (See Instructions)	5 Employer (See Instructions				
	Date Full name of contributor out-of-state PAC (ID#:)  12/13/2024 Valero PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	San Antonio, TX 78209	Employer (See Instructions	<u> </u>			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			)				
	Date Full name of contributor out-of-state PAC (ID#:)  12/10/2024 Veterinarian Political Action Committee  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
		Austin, TX 78745					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/25/2024 Waller, Elizabeth  Contributor address; City; State; Zip Code  San Antonio, TX 78212			Amount of Contribution (\$)	\$100.00		
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)  Retired		Employer (See Instructions Retired	)			
	Date Full name of contributor out-of-state PAC (ID#:)  10/22/2024 Williams, Todd  Contributor address; City; State; Zip Code  Dallas, TX 75209			Amount of Contribution (\$)	\$1,000.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)			

	MONET	TARY POLITICAL CONTRIBUTION		SCHEDU	LE <b>A1</b>	
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 15/15 Rpt: 18/102		
2	FILER NAME Bernal, Dieg			3	Filer ID (Ethics Commission 00070466	on Filers)
4	Bernal, Diego M. (The Honorable)  Date		7	Amount of Contribution (\$)	\$250.00	
		Helotes, TX 78023				
8	Principal occu Psychologis	upation / Job title (See Instructions)	9 Employer (See Instructions STFP, PLLC	ıs)		
	Date Full name of contributor out-of-state PAC (ID#:)  08/09/2024 Zachry Corporation Political Action Committee  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
San Antonio, TX 78265  Principal occupation / Job title (See Instructions)  Employer (See Instructions		ıs)				
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Zachry Corporation Political Action Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	San Antonio, TX 78265 upation / Job title (See Instructions)	Employer (See Instructions	ıs)		

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 19/102 3 Filer ID (Ethics Commission Filers) FILER NAME Bernal, Diego M. (The Honorable) 00070466 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 12/04/2024 Cameron, Mike \$1,000.00 | Fundraising Venue Rental 7 Contributor address; City; State; Zip Code San Antonio, TX 78205 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) President and Co-Founder **Devils River Whiskey** 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 12/10/2024 MoakCasey, LLC \$298.66 Fundraiser venue rental, Contributor address; City; State; Zip Code food, and drink. Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

LOANS			SCHEDUL	ΕE
The Instruction Guide explains how to complete this	The Instruction Guide explains how to complete this form		ges Schedule E: 1 Rpt: 20/102	
2 FILER NAME Bernal, Diego M. (The Honorable)		3 Filer ID 000704	(Ethics Commission F	Filers)
4 TOTAL OF UNITEMIZED LOANS		•	\$	0.00
5 Date of loan 7 Name of lender  ut-of-state	PAC (ID#:	)	9 Loan Amount (\$)	
6 Is lender a financial institution?  8 Lender address; City; State	; Zip Code		10 Interest Rate	
			11 Maturity Date	
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instruction:	5)		
14 Description of Collateral None	15 Check if personal funds w	ere deposited	l into political account (See Instructions)	
16 GUARANTOR INFORMATION 17 Name of guarantor	_		19 Amount Guarantee	ed (\$)
not applicable 18 Guarantor address; City; State				
20 Principal occupation	21 Employer (See Instruction:	s)	l	

#### 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

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

n Filers)

#### SCHEDULE F1

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

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	. •		sion Filers)
Ļ	Sch: 2/81 Rpt: 22/102	,	
4	Date 12/23/2024	5 Payee name 7-Eleven	
6	Amount (\$) \$48.04	7 Payee address; City; State; Zip Code 12011 San Pedro Avenue	
		San Antonio, TX 78216	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 12/09/2024	Payee name 7-Eleven	
	Amount (\$) \$34.26	Payee address; City; State; Zip Code  12011 San Pedro Avenue  San Antonio, TX 78216	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date 12/09/2024	Payee name 7-Eleven	
	Amount (\$) \$53.50	Payee address; City; State; Zip Code 12011 San Pedro Avenue	
		San Antonio, TX 78216	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

#### SCHEDULE F1

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

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

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

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 3/81 Rpt: 23/102	Bernal, Diego M. (The Honorable)	00070466		
4	Date	5 Payee name			
	12/02/2024	7-Eleven			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$45.39	12011 San Pedro Avenue			
	l				
		San Antonio, TX 78216			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Haver III District	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense		
	l	Gas	,, cceriolecg c.pc.icc		
	l				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O	Н			
	Date	Payee name			
	11/20/2024	7-Eleven			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$23.50	12011 San Pedro Avenue			
	l				
		San Antonio, TX 78216			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Haver in District	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense		
	l	Gas	3 · • · · · · · · · · · · · · · · · · ·		
	l				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	Н			
	Date	Payee name			
	11/20/2024	7-Eleven			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.56	12011 San Pedro Avenue			
	l				
	l	San Antonio, TX 78216			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel In District	el outside of Texas. Complete Schedule T.		
		Check if Aust	tin, TX, officeholder living expense		
	l	Gas			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Since neid		

#### 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 Comm

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/81 Rpt: 24/102	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	11/15/2024	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.51	12011 San Pedro Avenue
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gas
<u> </u>	0 1. 0	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	
	Date	Payee name
	11/05/2024	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.37	12011 San Pedro Avenue
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gas
	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	10/30/2024	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.31	12011 San Pedro Avenue
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Coc Check if Austin, TX, officeholder living expense
		Gas
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Event Expense Loan Repayment/ Fees Office Overhead/F Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Sayires Salaries/Magas/C

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/81 Rpt: 25/102	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	10/22/2024	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.11	12011 San Pedro Avenue
		San Antonio, TX 78216
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Sub-
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_	<u> </u>	
	Date	Payee name
	10/17/2024	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.88	12011 San Pedro Avenue
		San Antonio, TX 78216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas
		- Cus
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Data	David and the second se
	Date	Payee name
	10/09/2024	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.43	12011 San Pedro Avenue
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Gas
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee 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: 6/81 Rpt: 26/102	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	09/27/2024	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.16	12011 San Pedro Avenue
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/27/2024	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.40	12011 San Pedro Avenue
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gus
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/21/2024	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.00	12011 San Pedro Avenue
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Cook
		Gas
	Operation ONLY if alice at	On did to 10 ff as hald a grant Off as hald
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

rertising Expense Event Expense Event Expense Loan Repayment/Reimbur

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	=	· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1: Sch: 7/81 Rpt: 27/102	2 FILER NAME  Bernal, Diego M. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00070466	
4	Date	5 Payee name	
	08/12/2024	7-Eleven	
6	Amount (\$) \$8.07	7 Payee address; City; State; Zip Code 12011 San Pedro Avenue San Antonio, TX 78216	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Travel In District    Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Gas	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/12/2024	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.89	12011 San Pedro Avenue	
		San Antonio, TX 78216	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel In District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/05/2024	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.21	12011 San Pedro Avenue	
		San Antonio, TX 78216	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorare to benefit C/OI	п 	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/81 Rpt: 28/102	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	
	07/26/2024	7-Eleven	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$59.44	12011 San Pedro Avenue	
		San Antonio, TX 78216	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Haver in District	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		Gas	Austin, 17, oniceriolaer living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	07/22/2024	7-Eleven	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.05	12011 San Pedro Avenue	
	,		
		San Antonio, TX 78216	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Travel In District	ravel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Austin, TX, officeholder living expense
		Gas	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Office field
_	Date	Dove nome	
	07/22/2024	Payee name 7-Eleven	
		Payee address; City; State; Zip Code	
	Amount (\$) \$8.00	12011 San Pedro Avenue	
	φο.σο	12011 San Fedito Avenue	
		San Antonio TV 70216	
		San Antonio, TX 78216	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if the	ገ ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	Haver in District	Austin, TX, officeholder living expense
		Gas	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/O	1	

#### SCHEDULE F1

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

Fees Co Food/Beverage Expense P Gitt/Awards/Memorials Expense P

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: 9/81 Rpt: 29/102	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	07/09/2024	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.37	12011 San Pedro Avenue
		San Antonio, TX 78216
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Date	Davies warms
	07/08/2024	Payee name 7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.41	12011 San Pedro Avenue
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 07/07/2024	Payee name
		ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.25	366 Summer Street
		Somerville, MA 02144-3132
	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 Fundraising Platform Fee
		Fundraising Flationni Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

l	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1: Sch: 10/81 Rpt:	2 FILER NAME Bernal, Diego M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070466
4	Date 12/05/2024	5 Payee name Amazon	
6	Amount (\$) \$43.29	7 Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Supplies for District Office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
	Date 12/23/2024	Payee name Aramark - Frost Bank Center	
	Amount (\$) \$24.87	Payee address; City; State; Zip Code  1 Frost Bank Center Drive  San Antonio, TX 78219	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sough	office held
	Date 09/30/2024	Payee name Bill Miller Bar-B-Q	
	Amount (\$) \$19.27	Payee address; City; State; Zip Code 2410 Nacogdoches Road	
		San Antonio, TX 78217	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	08/29/2024	Bill Miller Bar-B-Q
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.58	2410 Nacogdoches Road
		San Antonio, TX 78217
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		Food and beverage for Meeting
_	Complete CNU V 'C "	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/25/2024	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.97	2760 Interstate 35
		New Braunfels, TX 78130
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gas
	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
L	10/01/2024	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.72	27700 Katy Freeway
		Katy, TX 78494
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Coc Check if Austin, TX, officeholder living expense
		Gas
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponantino to benefit 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

Travel in Distr Travel Out of ontract Labor OTHER (ente

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/81 Rpt:	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	•
	09/30/2024	Buc-ee's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.34	10070 Interstate 10	
		Luling, TX 78648	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF		if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	,	if Austin, TX, officeholder living expense
		Gas	
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	<u>'</u>		
	Date	Payee name	
	12/31/2024	Bushi Bushi	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$103.89	4930 Belt Line Road	
		Dallas, TX 75254	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF EXPENDITURE	1 000/Develage Expense	if travel outside of Texas. Complete Schedule T.
		l	if Austin, TX, officeholder living expense  nd Beverage for Meeting
		1 000 41	la Beverage for Meeting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
F	Date	Payee name	
	12/16/2024	CAVA	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.68	999 E. Basse Road	
	φου.ου	Suite 125	
		San Antonio, TX 78209	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Descript	ION if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Tood/Develage Expense	if Austin, TX, officeholder living expense
		Food a	nd Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/Ol	<del>1</del>	

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 13/81 Rpt:	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers 00070466	3)
4	Date 11/12/2024	5 Payee name CAVA	
6	Amount (\$) \$39.68	7 Payee address; City; State; Zip Code 999 E. Basse Road Suite 125 San Antonio, TX 78209	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Food and Beverage for Meeting	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date 10/22/2024	Payee name CAVA	
	Amount (\$) \$31.35	Payee address; City; State; Zip Code 999 E. Basse Road Suite 125 San Antonio, TX 78209	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Food and Beverage for Meeting	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date 09/03/2024	Payee name CAVA	
	Amount (\$) \$49.51	Payee address; City; State; Zip Code 999 E. Basse Road Suite 125 San Antonio, TX 78209	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Food and Beverage for Meeting	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 14/81 Rpt:	FILER NAME     Bernal, Diego M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070466
4	Date 08/26/2024	5 Payee name CAVA	•
	Amount (\$) \$47.58	7 Payee address; City; State; Zip Code 999 E. Basse Road Suite 125 San Antonio, TX 78209	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/05/2024	Payee name CAVA	
	Amount (\$) \$35.46	Payee address; City; State; Zip Code 999 E. Basse Road Suite 125 San Antonio, TX 78209	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 11/18/2024	Payee name CFS Flowers and Gifts	
	Amount (\$) \$137.96	Payee address; City; State; Zip Code 220-15 Reservoir Street	
		Needham, MA 02494	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Funeral Flowers
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Gift/Awards/Memorials Expense Legal Services  Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form					Travel Out of District OTHER (enter a category not listed above)			
	1		The Instruction Guide explains how to complete this form.					_				
1	Total pages Schedule F1:	2							3		,	mission Filers)
	Sch: 15/81 Rpt:		Bernal, Die	go M. (The I	Honorable)					00070466	S	
4	Date	5	Payee name									
L	12/16/2024	L	Canva									
6	Amount (\$)	7	Payee addre	ss; City;	St	ate; Zip Co	ode					
	\$30.00		200 E. 6th 5	Street								
			Suite 200									
			Austin, TX	78701								
8	PURPOSE	(a)	Category (Se		ad at the top of this	s schadulo)	(b)	Description				
	OF	``	Office Over			s scrieudie)	[`.,	_ `	outsi	de of Texas. Co	omplete Schedule T	
	EXPENDITURE			3 2.2 7 10 . 100				Check if Austin	, TX	officeholder liv	ing expense	
								Graphic Desi	ign	Subscripti	on	
L		L										
9	Complete ONLY if direct		Candidate/Offi	ceholder nan	ne	Office sou	ıght			Office	held	
	expenditure to benefit C/OI	1										
	Date		Payee name									
	09/30/2024		Chevron									
	Amount (\$)		Payee addre	ss; City;	St	ate; Zip Co	ode					
	\$36.24		12860 Mem	orial Drive								
			Houston, T									
	PURPOSE OF	(a)	Category (Se		ed at the top of this	s schedule)	(b)	Description				
	EXPENDITURE		Travel Out	of District				Check if travel			omplete Schedule T	
								Gas	ι, ιΛ,	Sinceriolaer IIV	ing expense	
	Complete ONLY if direct		Candidate/Offi	ceholder nan	ne	Office sou	<u>ı</u> ıght			Office	held	
	expenditure to benefit C/O						-					
H	Date		Payee name									
	11/12/2024		Chick-Fil-A									
$\vdash$		$\vdash$		ce: City:	C+	ate; Zip Co	ad c					
	Amount (\$)		Payee addre		SI	.a.e, Zip С(	Jue					
	\$22.27		27 NE Loop	410								
			Con Articl	TV 70040								
		_	San Antonio				1					
	PURPOSE OF	(a)	Category (Se			s schedule)	(b)	Description	aut.	do of Tours	mmlete Calanda -	
	EXPENDITURE		Food/Bever	age Expens	se			Check if travel			omplete Schedule T ing expense	•
								Food and Be				
								222 3 20				
	Complete ONLY if direct		Candidate/Offi	ceholder nan	ne	Office sou	l ught			Office	held	
	expenditure to benefit C/OI						5					

#### SCHEDULE F1

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

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

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 16/81 Rpt:		go M. (The Honora	able)				00070466		
4	Date	5 Payee name	)							
	12/13/2024	Circle K								
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip C	ode					
	\$48.01	3820 San I	Pedro Avenue							
		San Anton	o, TX 78212							
8	PURPOSE OF		See Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Travel In D	istrict			=		de of Texas. Com officeholder living		
						Gas	, 1,	onicendider living	l expense	
						Cus				
9	Complete ONLY if direct	Candidata/Of	ficeholder name	Office	l labt			Office he	old.	
9	expenditure to benefit C/O		ilceriolder flame	Office so	ugni			Office fie	au	
L		T								
	Date	Payee name								
	07/15/2024	Circle K								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$60.00	3820 San I	Pedro Avenue							
		San Anton	o, TX 78212							
	PURPOSE OF		See Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Travel In D	istrict			_		de of Texas. Com officeholder living		
						Gas	, 1,	onicendider living	Гехрепзе	
						Cao				
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	uaht			Office he	7ld	
	expenditure to benefit C/O		necholder hame	Office 30	ugiit			Office fic	Siu -	
$\vdash$	Data									
	Date	Payee name		nd Doorsotiere D	on="	mont				
	11/20/2024	City of San	Antonio - Parks ar	nd Recreation De	eparı	ment				
	Amount (\$)	Payee addre	•	State; Zip C	ode					
	\$50.00	5800 Old F	lighway 90							
		San Anton	o, TX 78227							
	PURPOSE	(a) Category (s	See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	ense					de of Texas. Com		
	EXI ENDITORE							officeholder living		
						Permit Fee to	or ⊨	vent - Than	ksgiving Food Drive	
	0 1 0 0 0 0 0 0	0    1   1   1			<u> </u>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ficeholder name	Office so	ught			Office he	eia	
	onponditure to benefit 6/01	•								

## SCHEDULE F1

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

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

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

orean oura r dyment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 17/81 Rpt:	Bernal, Diego M. (The Honorable)		00070466	
4 Date	5 Payee name		1	
12/30/2024	Cochran, Zachary			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$1,500.00	16306 Appaloosa Oak			
	Selma, TX 78154			
8 PURPOSE		(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		I outside of Texas. Con	nplete Schedule T.
EXPENDITURE	Calaires, Frages, Contract Lass.	_	n, TX, officeholder livin	g expense
		Stipend		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office h	eld
experiditure to benefit C/O	П			
Date	Payee name			
11/29/2024	Cochran, Zachary			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$400.00	16306 Appaloosa Oak			
	Selma, TX 78154			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Consulting Expense	_	l outside of Texas. Con	nplete Schedule T.
EXPENDITORE			n, TX, officeholder livin -	g expense
		Consulting E	expense	
Operation ONLY if alice of	Out distant 10ff and add as a second		O#: I-	-1-1
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ignt	Office h	eia
·				
Date	Payee name			
07/24/2024	Cochran, Zachary			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$108.24	16306 Appaloosa Oak			
	Selma, TX 78154			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		I outside of Texas. Con	
			n, TX, officeholder livin e Supplies Reir	
		District Office	e Supplies Reli	nbursement
Complete ONLY if direct	Candidate/Officeholder name Office sou	laht.	Office h	ald
expenditure to benefit C/O		igill	Office n	cıu
•				

## SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/81 Rpt:	Bernal, Diego M. (The Honorable)		00070466
4	Date	5 Payee name		·
	12/30/2024	Cork & Pig		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$146.24	5224 N. O'Connor Boulevard		
		Irving, TX 75039		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Food and Beverage for Meeting
_				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	12/02/2024	Curry Boys BBQ		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$42.08	536 E. Courtland Place		
		San Antonio, TX 78212		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
				rood and beverage for infeeting
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office field
	Data	Davis and the second		
	Date 07/23/2024	Payee name Curry Boys BBQ		
			-1-	
	Amount (\$)	Payee address; City; State; Zip Co	ae	
	\$46.33	536 E. Courtland Place		
		0 A TV 70040		
		San Antonio, TX 78212		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Food and Beverage for Meeting
				- J
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		-	
_				

### 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		nmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 19/81 Rpt:		Bernal, Die	go M. (The Hond	orable)					00070466		
4	Date	5	Payee name									
	12/13/2024		Demo's Gre	ek Food								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode					
	\$42.15		7115 Blance	o Road								
			Suite 120									
			San Antonio	o, TX 78216								
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne ton of this sche	edule)	(b)	Description				
	OF EXPENDITURE	` `		age Expense	ic top of this son	sudic)	` `	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE							_		officeholder living		
								Food and Be	ver	age for Mee	ung	
Ļ							<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	office sou	ight			Office he	eld	
	Date		Payee name									
	11/12/2024		Demo's Gre	ek Food								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$42.15		7115 Blance	o Road								
			Suite 120									
			San Antonio	o, TX 78216								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			age Expense		· · · · · · ·		Check if travel		de of Texas. Com		
	LAFLINDITORE									officeholder living		
								Food and Be	ver	age for Mee	ung	
L	Complete ONLY if alice -	<u> </u>	Condidata (Cff	anhaldar		office as:	l nabt			Office	NA .	
	Complete ONLY if direct expenditure to benefit C/O		zandidate/Offi	ceholder name		office sou	ignt 			Office he	eiu 	
	Date		Payee name									
L	11/04/2024		Demo's Gre	ek Food								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$40.02		7115 Blance	o Road								
			Suite 120									
			San Antonio	o, TX 78216								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			age Expense	,	-,		Check if travel		de of Texas. Com	•	
	LAI LINDITURE							_		officeholder living		
								Food and Be	ver	age for Mee	ung	
	Complete ONLY if direct	Ļ	Condidate /Cff	aabaldar :: - : : :		office as:	nah+			Office	ald.	
	Complete ONLY if direct expenditure to benefit C/OH		Januiuale/OTI	ceholder name	C	office sou	igrit			Office he	tiu	
	•											

## 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/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: 20/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	11/04/2024	Demo's Greek Food
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.88	7115 Blanco Road
		Suite 120
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		Food and beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/10/2024	Demo's Greek Food
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	7115 Blanco Road
		Suite 120
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		Food and beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/05/2024	Devils River Distillery
	Amount (\$)	Payee address; City; State; Zip Code
	\$372.50	401 E. Houston Street
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense
		Refreshments for Fundraiser
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

## SCHEDULE F1

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

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

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

	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: 21/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	12/23/2024	Domino's Pizza
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.43	7551 McCullough Avenue
		San Antonio, TX 78216
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/19/2024	Domino's Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.30	7551 McCullough Avenue
		San Antonio, TX 78216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/24/2024	DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	303 2nd Street
	4100.00	Suite 800
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Donation - Gift Card
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4

#### 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

	Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Services Sal		ages	Contract Labor		OTHER (enter a	category not listed above)	
	·		The Instruction Guide explains how	to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 22/81 Rpt:		Bernal, Diego M. (The Honorable)					00070466		
4	Date	5	Payee name							
	10/24/2024		DoorDash							
6	Amount (\$)	7	Payee address; City; State; Zi	р Сос	de					_
	\$100.00		303 2nd Street	•						
			Suite 800							
			San Francisco, CA 94107							
Ļ	DUDDOOF	(-)		- 1	<i>(</i> 1)					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule	e)	(b)	Description	outoi	de of Texas. Com	ploto Cobodulo T	
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committed	ا م				officeholder living	•	
			Sandidate/Officeriolder/1 officer Committee	ັ		Donation - Gi			•	
9	Complete ONLY if direct		andidate/Officeholder name Office	e soug	ght			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date		Payee name							_
	12/23/2024		Doordash							
	Amount (\$)		Payee address; City; State; Zi	р Сос	de					_
	\$9.99		303 2nd Street							
			Suite 800							
			San Francisco, CA 94107							
_	PURPOSE	(0)			(h)	Description				_
	OF	<sup>(a)</sup>	Category (See Categories listed at the top of this schedule	*)	(D)	Description  Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living		
						Membership I	Fee	9		
	Complete ONLY if direct		andidate/Officeholder name Office	e soug	ght			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	11/22/2024		Doordash							
	Amount (\$)		Payee address; City; State; Zi	р Сос	de					_
	\$9.99		303 2nd Street							
			Suite 800							
			San Francisco, CA 94107							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	, [	(h)	Description				_
	OF	(")	Office Overhead/Rental Expense	,	(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		2oc			Check if Austin,	TX,	officeholder living	expense	
						Membership I	Fee	9		
	Complete ONLY if direct		andidate/Officeholder name Office	e souç	ght			Office he	eld	
	expenditure to benefit C/OI	П								

### 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

	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: 23/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	12/13/2024	Dunkin' Donuts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.92	401 San Pedro Avenue
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	12/31/2024	Eataly
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	8687 N. Central Expressway
		Suite 2172
		Dallas, TX 75225
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/23/2024	Eight Ball Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.58	1432 S. St. Mary's Street
		,
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
I		

### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Legal S		·		/ages	/Contract Labor			avel Out of D THER (enter		et regory not listed above)
L		_			struction Gu	ıde explains	now to co	mple	ete this form.	_				
1	Total pages Schedule F1:	2								3		ler ID	•	Ethics Commission Filers)
_	Sch: 24/81 Rpt:	_	Bernal, Die	go M.	(The Hono	rable)					00	0070466	i	
4	Date	5	Payee name											
L	07/29/2024		El Cevicher	0										
6	Amount (\$)	7	Payee addres	ss;	City;	State	; Zip Co	de						
	\$72.83		2603 SE Mi	litary	Drive									
			Suite 106											
			San Antonio	). TX	78223									
8	DUDDOSE	(2)					i	(h)	December!					
ð	PURPOSE OF	(a)	Category (Se			e top of this sch	nedule)	(D)	Description Check if travel	outei	ido c	of Toyas Co	mnlot	to Schodulo T
	EXPENDITURE		Food/Bever	age ⊨	xpense				Check if Austin					
									Food and Be					
											J	_		-
9	Complete ONLY if direct		Candidate/Offi	cehold	ler name	(	Office sou	ght				Office h	held	
	expenditure to benefit C/O				-			<b>J</b>					_	
_	Date		Payee name											
	07/08/2024		Extra Fine											
_		$\vdash$			City:	Stata	; Zip Co	de						
	Amount (\$)		Payee addres		City;	State	, ∠ıµ C0	ue						
	\$7.24		138 E Mistle	eloe										
L		L	San Antonio	o, TX	78212									
	PURPOSE	(a)	Category (Se	ee Categ	ories listed at th	e top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Food/Bever						Check if travel					
									Check if Austin					
									Food and Be	ver	ag	e tor Me	etin	g
_	Operation ONE VIII II	<u> </u>	2	1- 1.1			D46:	and a st				Ott		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenoid	ier name	(	Office sou	gnt				Office I	neid	
	,	_												
	Date		Payee name											
L	12/30/2024	L	Formosa Ga	arden										
	Amount (\$)		Payee addres	ss;	City;	State	; Zip Co	de						
	\$100.02		1011 NE Lo	op 41	.0									
			San Antonio	o, TX	78209									
	PURPOSE	(a)	Category (Se	ee Cateo	ories listed at th	e top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Food/Bever				· J		Check if travel					
	LAFEINDITURE								Check if Austin					
									Food and Be	ver	rag	e for Me	etin	g
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cehold	ler name	(	Office sou	ght				Office I	held	
	CAPETIGITUTE TO DETICITE C/OF	'												

## SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 25/81 Rpt:	Bernal, Diego M. (The Honorable)		00070466
4	Date	5 Payee name		
	12/12/2024	Formosa Garden		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$55.43	1011 NE Loop 410		
		San Antonio, TX 78209		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				Food and Beverage for Meeting
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	11/07/2024	Formosa Garden		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$68.30	1011 NE Loop 410		
		San Antonio, TX 78209		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		yııı	Office field
	Date	Payee name		
	10/15/2024	Formosa Garden		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$66.21	1011 NE Loop 410		
		San Antonio, TX 78209		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
				1 ood and beverage for meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held
	expenditure to benefit C/OI	•	yııl	Office field

## SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 26/81 Rpt:	Bernal, Diego M. (The Honorable)
4	Date	5 Payee name
	12/11/2024	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.00	P.O. Box 1600
	!	
		San Antonio, TX 78296
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	1	Banking Fees
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	Н
	Date	Payee name
	12/03/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.41	P.O. Box 1600
		, 10, 20, 2000
		San Antonio, TX 78296
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	!	Banking Fees
	!	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	н
	Date	Payee name
	12/03/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.03	P.O. Box 1600
	455.55	1.10.1 20X 2333
		San Antonio, TX 78296
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Banking Fees
	!	Building 1 ccs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	12/03/2024	Frost Bank
6	Amount (\$) \$17.20	7 Payee address; City; State; Zip Code P.O. Box 1600
		San Antonio, TX 78296
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Banking Fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	11/04/2024	Frost Bank
	Amount (\$) \$35.28	Payee address; City; State; Zip Code P.O. Box 1600
		San Antonio, TX 78296
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Banking Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/04/2024	Frost Bank
	Amount (\$) \$34.24	Payee address; City; State; Zip Code P.O. Box 1600
		San Antonio, TX 78296
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Banking Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co 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		
$\vdash$			
$ ^1$	Total pages Schedule F1:		)
L	Sch: 28/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466	
4	Date	5 Payee name	
	11/04/2024	Frost Bank	
٦	Amount (ft)	7 Payee address; City; State; Zip Code	
ľ	Amount (\$)		
l	\$31.62	P.O. Box 1600	
l			
l		San Antonio, TX 78296	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Banking Fees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
⊨	Date	Davida nama	
	Date	Payee name	
	10/03/2024	Frost Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$279.01	P.O. Box 1600	
		San Antonio, TX 78296	
L	DUDD005	I	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Banking Fees	
		Banking 1 ccs	
$\vdash$	Complete ONII V if allows a	Condidate/Officeholder name Office servicht	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
L			
1	Date	Payee name	
	10/03/2024	Frost Bank	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.05	P.O. Box 1600	
l			
		San Antonio TV 70206	
$ldsymbol{f eta}$		San Antonio, TX 78296	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
l	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Banking Fees	
$\vdash$	0 1: 0		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	S. portantare to borient 0/01	··	
1			

## SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 29/81 Rpt:	2 FILER NAME Bernal, Diego M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070466
4	Date 10/03/2024	5 Payee name Frost Bank	-
6	Amount (\$) \$0.27	7 Payee address; City; State; Zip Code P.O. Box 1600	
		San Antonio, TX 78296	
8	PURPOSE OF EXPENDITURE	1 663	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense <b>es</b>
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/16/2024	Payee name Frost Bank	
	Amount (\$) \$35.00	Payee address; City; State; Zip Code P.O. Box 1600 San Antonio, TX 78296	
	PURPOSE OF EXPENDITURE	1 003	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense <b>es</b>
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/12/2024	Payee name Frost Bank	
	Amount (\$) \$8.00	Payee address; City; State; Zip Code P.O. Box 1600	
		San Antonio, TX 78296	
	PURPOSE OF EXPENDITURE	1 663	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense <b>es</b>
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

## SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 30/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	09/03/2024	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	P.O. Box 1600
		San Antonio, TX 78296
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Banking Fees
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	09/03/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.05	P.O. Box 1600
		San Antonio, TX 78296
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Banking Fees
	Complete ONL V if direct	Condidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/03/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.01	P.O. Box 1600
		San Antonio, TX 78296
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Banking Fees
		Datiking Fees
	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 -

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: 31/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	09/03/2024	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.27	P.O. Box 1600
		San Antonio, TX 78296
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Banking Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Data	
	Date 08/07/2024	Payee name
		Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	P.O. Box 1600
		San Antonio, TX 78296
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	E/4 E/10	Check if Austin, TX, officeholder living expense
		Banking Fees
_	Consulate ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
_		
	Date	Payee name
	08/05/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.05	P.O. Box 1600
		San Antonio, TX 78296
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	L/II LIIDITORE	Check if Austin, TX, officeholder living expense
		Banking Fees
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 32/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	08/05/2024	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.01	P.O. Box 1600
		San Antonio, TX 78296
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Banking Fees
		Danking 1 ccs
Ļ	Commiste ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┕	·	
	Date	Payee name
	08/05/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.27	P.O. Box 1600
		San Antonio, TX 78296
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Banking Fees
		Danking Fees
┡	Operation ONE V if dispert	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	07/03/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.05	P.O. Box 1600
		San Antonio, TX 78296
1	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		Banking Fees
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superiord to borient 0/01	•

## SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1: Sch: 33/81 Rpt:	2 FILER NAME Bernal, Diego M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00070466
4	Date 07/03/2024	5 Payee name Frost Bank		
6	Amount (\$) \$20.01	7 Payee address; City; State; Zip Cor P.O. Box 1600 San Antonio, TX 78296	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Banking Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date 07/03/2024	Payee name Frost Bank		
	Amount (\$) \$0.27	Payee address; City; State; Zip Cor P.O. Box 1600 San Antonio, TX 78296	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Banking Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date 11/27/2024	Payee name Golden Wok		
	Amount (\$) \$130.94	Payee address; City; State; Zip Cor 8822 Wurzbach Road	de	
		San Antonio, TX 78240		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	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 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

	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: 34/81 Rpt:	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	
	10/21/2024	Golden Wok	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$43.77	8822 Wurzbach Road	
		San Antonio, TX 78240	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 dda/Bararaga Expansa	l outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense everage for Meeting
		1 ood and be	verage for incenting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		000 1.0.0
_	Date	Payee name	
	12/30/2024	Gravves Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.88	2106 McCullough Avenue	
	410.00	2100 Modallough / World	
		San Antonio, TX 78212	
	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
		Food and Be	everage for Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/23/2024	Gravves Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00	2106 McCullough Avenue	
		San Antonio, TX 78212	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000/Develage Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			everage for Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
1			

## SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 35/81 Rpt:	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	<u> </u>
	12/18/2024	Gravves Coffee	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$14.07	2106 McCullough Avenue	
		San Antonio, TX 78212	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n
	OF EXPENDITURE	Food/Beverage Expense	ravel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense I Beverage for Meeting
		1 ood and	Deverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		56561
	Date	Payee name	
	12/16/2024	Gravves Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.88	2106 McCullough Avenue	
		San Antonio, TX 78212	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	
	OF EXPENDITURE	1 000/Develage Expense	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
			Beverage for Meeting
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/26/2024	Gravves Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.88	2106 McCullough Avenue	
		San Antonio, TX 78212	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n
	OF EXPENDITURE	1 000/Deverage Expense	ravel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense I Beverage for Meeting
		1 ood and	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
l			

### 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		
<u>_</u>	Tatal name C		
1	Total pages Schedule F1:		
L	Sch: 36/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466	
4	Date	5 Payee name	
L	11/15/2024	Gravves Coffee	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.04	2106 McCullough Avenue	
		San Antonio, TX 78212	
8	PURPOSE		_
١	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Food and Beverage for Meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	Н	
H	Date	Payee name	_
	10/28/2024	Gravves Coffee	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.18	2106 McCullough Avenue	
	\$10.18	2 200 MicCullough Avenue	
		San Antonio, TX 78212	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting	
		Food and beverage for Meeting	
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OH		
L		1	_
	Date	Payee name	
	10/21/2024	Gravves Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.88	2106 McCullough Avenue	
		San Antonio, TX 78212	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	LAFENDITURE	Check if Austin, TX, officeholder living expense	
		Food and Beverage for Meeting	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	expenditure to beliefft C/Of		

## SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 37/81 Rpt:	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	•
	10/15/2024	Gravves Coffee	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.04	2106 McCullough Avenue	
		San Antonio, TX 78212	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 Toda/Beverage Expense	vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense
			Beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	Н	
	Date	Payee name	
	10/15/2024	Gravves Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.88	2106 McCullough Avenue	
		San Antonio, TX 78212	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 1 000/Develage Expense	vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense
		,	Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
	Date	Payee name	
	09/30/2024	Gravves Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.88	2106 McCullough Avenue	
		San Antonio, TX 78212	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Deverage Expense	vel outside of Texas. Complete Schedule T.
		,	istin, TX, officeholder living expense Beverage for Meeting
		T cou and t	Develope for Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Oh	· · · · · · · · · · · · · · · · · · ·	220

#### 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			Giff/Awards/Memorials Legal Services		nting Exp laries/Wa		e /Contract Labor		OTHER (enter	istrict a category not listed abo	ove)
	Credit Card Payment			The Instruction G	uide explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 38/81 Rpt:		Bernal, Dieg	jo M. (The Hon	orable)					00070466		
4	Date	5	Payee name									
	08/19/2024		Gravves Co	ffee								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	ip Cod	le					
	\$16.88		2106 McCul	lough Avenue								
			San Antonio	, TX 78212								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	the ton of this schedule	<u>a) (</u>	(b)	Description				
	OF	l`´		age Expense	ine top of this schedule	" [`		:	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							_		officeholder livin		
								Food and Bev	ver	age for Me	eting	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	eld	
		_										
	Date		Payee name									
	07/15/2024		Gravves Co	ffee								
	Amount (\$)		Payee addres	•	State; Zi	ip Cod	le					
	\$16.88		2106 McCul	lough Avenue								
			San Antonio	, TX 78212								
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this schedule	e) (	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				<b>=</b>			nplete Schedule T.	
								Food and Bey		officeholder livin		
										ago ioi inoi	5g	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	eld	
	expenditure to benefit C/O					J						
-	Date	Г	Payee name									
	07/12/2024		Gravves Cot	ffee								
	Amount (\$)		Payee addres		State; Zi	in Cod	le.					
	\$44.82		•	lough Avenue		,	-					
	, ,			3								
			San Antonio	. TX 78212								
	PURPOSE	(2)				. [	h)	Description				
	OF	(4)		e Categories listed at t age Expense	the top of this schedule		,,,		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 Ood/Bever	age Expense				Check if Austin,	, TX,	officeholder livin	g expense	
								Food and Bev	ver	age for Me	eting	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	eld	
	CAPETIGITUTE TO DETICITE C/OF	' '										

## SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 39/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	07/08/2024	Gravves Coffee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.91	2106 McCullough Avenue
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
		Tool and Dotolago to mooning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/17/2024	Guillermo's
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.97	618 McCullough Avenue
		San Antonio, TX 78215
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		Food and beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	12/19/2024	Gutierrez, Bethany
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	9807 Wind Dancer
		San Antonio, TX 78251
	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
		Staff Stipend
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	·

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	09/23/2024	Gutierrez, Bethany
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.56	9807 Wind Dancer
		San Antonio, TX 78251
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  District Office Supplies Reimbursement
		District Office Supplies Reimbursement
_	Commission ONII V if alice at	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	12/11/2024	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.26	6839 San Pedro Avenue
		San Antonio, TX 78216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for District Office
		Toda ana Bosolago isi Bisansi Cinico
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
_		
	Date	Payee name
	12/11/2024	Happy Chicks
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.91	214 E. 6th Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	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 explain		/ages	Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission Filers)	
	Sch: 41/81 Rpt:		go M. (The Honorable)					00070466		
4	Date	5 Payee name	!							
	12/02/2024	Hill Country	/ Springs							
6	Amount (\$)	<b>7</b> Payee addre	ess; City; Stat	e; Zip Co	de					
	\$11.37	10019 Sou	th I-35 Frontage Road							
		Austin, TX	78747	-						
8	PURPOSE OF		see Categories listed at the top of this se	chedule)	(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense			<u> </u>		de of Texas. Comp officeholder living		
						Water Deliver				
						rater Benre.		· ouplior on	.00	
9	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld	_
	expenditure to benefit C/O	1								
	Date	Payee name	!							
	11/12/2024	Hill Country	/ Springs							
	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Co	de					
	\$11.37	10019 Sou	th I-35 Frontage Road							
			Ü							
		Austin, TX	78747							
	PURPOSE	(a) Category (S	see Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE	Office Over	rhead/Rental Expense			<b>-</b>		de of Texas. Comp		
						Water Deliver		officeholder living		
						Water Deliver	10	r Capitor On		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	eld	
	expenditure to benefit C/OI				5					
	Date	Payee name								_
	10/01/2024	Hill Country								
				7: 0						
	Amount (\$)	Payee addre	, ,,,	e; Zip Co	ae					
	\$11.37	10019 Sou	th I-35 Frontage Road							
		Austin, TX	78747							
	PURPOSE	(a) Category (S	see Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense			ш		de of Texas. Comp		
								officeholder living		
						Water Deliver	10	ι σαμιίοι ΟΙΙ	IUG	
L	Complete ONLY if direct	Condidata	iooholdar nama	Office	abt			O#: !	uld.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	gni			Office he	nu	
	·									

## SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	)
	Sch: 42/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466	
4	Date	5 Payee name	
	09/03/2024	Hill Country Springs	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$11.37	10019 South I-35 Frontage Road	
		Austin, TX 78747	
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  Water Deliver for Capitol Office	
		water Deliver for Capitor Office	
_	Operation ONLY if dispose	Out tile to 10 tile to	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/01/2024	Hill Country Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.37	10019 South I-35 Frontage Road	
		Austin, TX 78747	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Water Deliver for Capitol Office	
		Trade: 20m of the Suprior Chief	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H	Dete		_
	Date	Payee name	
	07/01/2024	Hill Country Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.37	10019 South I-35 Frontage Road	
		Austin, TX 78747	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Water Deliver for Capitol Office	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	П	

### 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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal as a second of Education Education	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 43/81 Rpt:	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466
4	Date	5 Payee name
	11/19/2024	Jersey Mike's Subs
6	Amount (\$) \$47.57	7 Payee address; City; State; Zip Code 999 E. Basse Road Suite 178 San Antonio, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/20/2024	Jersey Mike's Subs
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.52	999 E. Basse Road
		Suite 178
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		Food and beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Т	Date	Payee name
	07/30/2024	Kristian Carranza For Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 831436
		San Antonio, TX 78283
	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
		Campaign Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/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: 44/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4 Date	5 Payee name
11/07/2024	Laguna Madre Seafood Company
6 Amount (\$) \$29.55	7 Payee address; City; State; Zip Code 1227 NE Loop 410
	San Antonio, TX 78209
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Food and Beverage for Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Laguna Madre Seafood Company
Amount (\$)	Payee address; City; State; Zip Code
\$29.71	1227 NE Loop 410
	San Antonio, TX 78209
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Food and Beverage for Meeting
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/02/2024	Lyft
Amount (\$) \$8.23	Payee address; City; State; Zip Code 185 Berry Street
	Suite 400 San Francisco, CA 94107
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rideshare Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Total pages Schedule F1: Sch: 45/81 Rpt:	Bernal, Diego M. (The Honorable)  00070466
4	Date	5 Payee name
	07/22/2024	Lyft
6	Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 185 Berry Street
		Suite 400 San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Rideshare Charge
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/04/2024	Max & Louie's New York Diner
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.31	226 W. Bitters Road
		Suite 126
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
		Food and beverage for intesting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/28/2024	Max & Louie's New York Diner
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.99	226 W. Bitters Road
		Suite 126
		San Antonio, TX 78216
		To.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
		. 552 and 25volugo for moduling
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

## SCHEDULE F1

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

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

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

	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: 46/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	10/15/2024	Max & Louie's New York Diner
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$92.43	226 W. Bitters Road
		Suite 126
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Date	
	07/15/2024	Payee name  Max & Louie's New York Diner
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.87	226 W. Bitters Road
		Suite 126
		San Antonio, TX 78216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-1</del>
_	Date	Payee name
	12/04/2024	Mexican American Legislative Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1108 Lavaca Street
		Suite 110-351
		Austin, TX 78701
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>-</b>

## SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this f	form.
1	. •	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 47/81 Rpt:	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	
	12/23/2024	Mila Coffee	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$13.20	2202 Broadway	
		San Antonio, TX 78215	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	EXPENDITURE	1 dod/beverage Expense	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
		,	and Beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	12/09/2024	Mila Coffee	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.50	2202 Broadway	
	Ψ1.50	2202 Bloadway	
		Can Antonia TV 70015	
		San Antonio, TX 78215	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 Ood/Develage Expense	ck if Austin, TX, officeholder living expense
		·	and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/09/2024	Mila Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.50	2202 Broadway	
		San Antonio, TX 78215	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ntion
	OF		ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Che	ck if Austin, TX, officeholder living expense
		Food	and Beverage for Meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	sponditare to benefit 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

	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: 48/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	08/15/2024	Mixtli Greenhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.05	223 E. Hildebrand Avenue
		Suite 101b
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		1 ood and beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/01/2024	Mixtli Greenhouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.37	223 E. Hildebrand Avenue
		Suite 101b
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		Tood and Develage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/23/2024	Mozart's Coffee Roaster
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.78	3825 Lake Austin Boulevard
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		Pood and beverage for wieeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 49/81 Rpt:	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466
4		5 Payee name NGP VAN
6	Amount (\$) \$402.80	7 Payee address; City; State; Zip Code 655 15th Street NW Suite 650 Washington, DC 20005
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Database Management
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date 08/07/2024	Payee name NGP VAN
	Amount (\$) \$402.80	Payee address; City; State; Zip Code 655 15th Street NW Suite 650 Washington, DC 20005
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Database Management
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 07/02/2024	Payee name NGP VAN
	Amount (\$) \$402.80	Payee address; City; State; Zip Code 655 15th Street NW Suite 650 Washington, DC 20005
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Database Management
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/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: 50/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	11/25/2024	Oblate Caf
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$132.34	904 Oblate Drive
		San Antonio, TX 78216
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
		Tacos for Event - Thankgiving Food Drive
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	12/09/2024	Order Up
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.00	999 E. Basse Road
		Suite 400
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/09/2024	Order Up
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.00	999 E. Basse Road
		Suite 400
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
		Food and beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	, -	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	10/28/2024	P. Terry's Burger Stand
6	Amount (\$) \$33.61	7 Payee address; City; State; Zip Code 3302 Broadway
		San Antonio, TX 78209
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/16/2024	P. Terry's Burger Stand
	Amount (\$) \$30.58	Payee address; City; State; Zip Code 3302 Broadway
		San Antonio, TX 78209
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 12/03/2024	Payee name Pappadeaux Seafood Kitchen
	Amount (\$) \$136.45	Payee address; City; State; Zip Code 76 NE Loop 410
		San Antonio, TX 78216
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 52/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	11/18/2024	Pappadeaux Seafood Kitchen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$124.70	76 NE Loop 410
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/09/2024	Pescado Bravo
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.36	203 8th Street
		Suite 104
		San Antonio, TX 78215
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	12/30/2024	Poetic Republic
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.24	2330 S. Presa Street
		San Antonio, TX 78210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
		1 ood and beverage for infecting
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - ıl Coı	mmittee	Legal S	ards/Memorials ervices	•		Vages	/Contract Labor			Out of Dis R (enter a	strict category not listed	l above)
		_			nstruction Gเ	iiue explains	HOW TO CO	inbie	ete uns form.	_				
1	Total pages Schedule F1:	2								3			(Ethics Comm	ission Filers)
	Sch: 53/81 Rpt:	_	Bernal, Die	go M.	(The Hono	orable)					0007	70466		
4	Date	5	Payee name											
	11/18/2024		Poetic Repu	ublic										
6	Amount (\$)	7	Payee addres	ss;	City;	State	; Zip Co	de						
	\$23.00		2330 S. Pre	sa St	reet									
			San Antonio	o, TX	78210									
8	PURPOSE	(a)	Category (Se	an Catoo	noriae lietod at th	ne ton of this col	nedule)	(b)	Description					
	OF	ľ` <i>′</i>	Food/Bever			ie top of this sci	iedule)	` ′	_ `	outsi	ide of Te	exas. Com	plete Schedule T.	
	EXPENDITURE				F-2.700				Check if Austin	, TX	, officeh	older living	g expense	
									Food and Be	ver	age f	or Mee	ting	
9	Complete ONLY if direct		Candidate/Offi	ceholo	der name	(	Office sou	ght			(	Office he	eld	
	expenditure to benefit C/OI	Н												
	Date		Payee name											
	11/12/2024		Poetic Repu	ublic										
	Amount (\$)		Payee addres	ss;	City;	State	; Zip Co	de						
	\$21.31		2330 S. Pre	sa St	reet									
			San Antonio	o, TX	78210									
	PURPOSE	(a)	Category (Se	ee Categ	ories listed at th	ne top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Food/Bever	age E	Expense				<b>=</b>				plete Schedule T.	
	-								Check if Austin					
									Food and Be	vei	aye I	oi iviee	ung	
L	0 1: 0:::::::::::::::::::::::::::::::::	<u> </u>	- III : 15				- · · ·							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	cenolo	ier name	(	Office sou	ght			(	Office he	eid	
		_												
	Date		Payee name											
L	10/21/2024	L	Poetic Repu	ublic										
	Amount (\$)		Payee addres	ss;	City;	State	; Zip Co	de						
	\$35.73		2330 S. Pre	sa St	reet									
			San Antonio	o, TX	78210									
	PURPOSE	(a)	Category (Se	ee Categ	gories listed at th	ne top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Food/Bever						ш				plete Schedule T.	
	LAFLINDITORE								Check if Austin					
									Food and Be	ver	age f	or Mee	ting	
							2.00							
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholo	ter name	(	Office sou	ght			C	Office he	eld	
	CAPETIGITATE TO DETICITE C/OF	'												
		_												

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 54/81 Rpt:	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466
4	Date 08/05/2024	5 Payee name Poetic Republic
6	Amount (\$) \$26.39	7 Payee address; City; State; Zip Code 2330 S. Presa Street
8	PURPOSE OF EXPENDITURE	San Antonio, TX 78210  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/12/2024	Payee name Postino
	Amount (\$) \$105.48	Payee address; City; State; Zip Code 2600 Broadway  San Antonio, TX 78215
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/25/2024	Payee name Prestige Printing
	Amount (\$) \$136.40	Payee address; City; State; Zip Code 8 Burwood Lane
		San Antonio, TX 78216
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Directional Signs for Event - Thanksgiving Food  Drive
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 55/81 Rpt:	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	<u> </u>
	08/28/2024	Rudy's Country Store and Bar-B-Q	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.00	327 E. Nakoma Drive	
		San Antonio, TX 78216	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Food and Beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
H			
	Date	Payee name	
	12/16/2024	SINGHS Vietnamese	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$56.29	2803 N. St. Mary's Street	
		San Antonio, TX 78212	
	PURPOSE OF	,	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/06/2024	SINGHS Vietnamese	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.11	2803 N. St. Mary's Street	
		San Antonio, TX 78212	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Food and Beverage for Meeting
L	0 1, 2, 2, 2, 2, 2		277
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

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

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			Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed above)	
	Credit Card Payment			The Instruction G	uide explains h	low to col	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)
	Sch: 56/81 Rpt:		Bernal, Dieg	jo M. (The Hon	orable)					00070466		
4	Date	5	Payee name									
	07/05/2024		SINGHS Vie	etnamese								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$86.35		2803 N. St.	Mary's Street								
			San Antonio	, TX 78212								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			age Expense	and top or and done	uu.0)			outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITORE							_		officeholder livin		
								Food and Bev	ver	age for Me	eting	
_		L										
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenolder name	O	ffice sou	gnt			Office h	eid	
	Date		Payee name									
	12/16/2024		San Antonio	Gold								
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$21.98		1913 S. Flor	es Street								
			Suite A									
			San Antonio	, TX 78204								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				<b>=</b>		de of Texas. Cor officeholder livin	nplete Schedule T.	
								Food and Bey				
											9	
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					-					
	Date		Payee name									
	11/29/2024		San Antonio	Gold								
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de					
	\$21.56		1913 S. Flor	-	,							
			Suite A									
			San Antonio	. TX 78204								
	PURPOSE	(a)		e Categories listed at			(h)	Description				
	OF	(")		e Categories listed at age Expense	tne top of this sche	dule)	(2)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 000/201010	ago Exponed				Check if Austin,	, TX,	officeholder livin	g expense	
								Food and Bev	ver	age for Me	eting	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	experientare to beliefft G/OI											

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica			Legal Services	is Expense	Salaries/W		se s/Contract Labor		OTHER (enter a	istrict a category not listed a	above)
	Credit Card Payment			The Instruction (	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 57/81 Rpt:		Bernal, Dieg	go M. (The Hor	norable)					00070466		
4	Date	5	Payee name					•				
	08/23/2024		Sawasdee T	Thai Cuisine								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$144.19		6407 Blanco	Road								
			San Antonio	. TX 78216								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(")		e Categories listed at	the top of this scr	nedule)	(5)	:	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		1 OOU/Dever	age Expense				<b>=</b>		officeholder livin		
								Food and Bev	ver	age for Mee	eting	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	(	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	07/11/2024		Sawasdee T	Thai Cuisine								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$63.65		6407 Blanco	Road								
			San Antonio	, TX 78216								
	PURPOSE	(a)	Category (Se	e Categories listed at	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				<b>=</b>			nplete Schedule T.	
								_		officeholder livin		
								Food and Bev	ver	age for Met	eurig	
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	aht			Office h	old	
	expenditure to benefit C/O		zanuluale/Onic	centituel fiame	,	Jilice Sou	yııı			Office fi	eiu	
_	D-4-	_										
	Date 08/22/2024		Payee name Seasons 52									
					Ctata	. 7:- 0-	al a					
	Amount (\$) \$232.43		Payee addres 255 E. Bass		State	; Zip Co	ue					
	Φ232.43			e Roau								
			Suite 1400									
			San Antonio									
	PURPOSE OF	(a)		e Categories listed a	the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense						officeholder livin	nplete Schedule T.	
								Food and Bev				
										<b>J</b>	J	
	Complete ONLY if direct		Candidate/Offic	ceholder name	(	Office sou	ght			Office h	eld	
	expenditure to benefit C/O						-					
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 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: 58/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466	
4 Date	5 Payee name	
12/06/2024	Shake Shack	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$60.33	7427 San Pedro Avenue	
	Suite 107	
	San Antonio, TX 78216	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting	
	1 ood and beverage for Meeting	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	_
11/22/2024	Shake Shack	
Amount (\$)	Payee address; City; State; Zip Code	_
\$53.51	7427 San Pedro Avenue	
	Suite 107	
	San Antonio, TX 78216	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
LXI LINDITORE	Check if Austin, TX, officeholder living expense	
	Food and Beverage for Meeting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	_
10/28/2024	Shang-hai Chinese Restaurant	
Amount (\$)	Payee address; City; State; Zip Code	_
\$42.48	2935 Pat Booker Road	
Ψ+2.+0	Suite 130	
DUDD 005	Universal City, TX 78148	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Food and Beverage for Meeting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	

#### 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			Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Wages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 59/81 Rpt:	L	Bernal, Dieç	go M. (The Honor	able)					00070466	
4	Date	5	Payee name								
	12/19/2024		Squarespac	e, Inc.							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$15.59		225 Varick S	Street							
			12th Floor								
			New York, N	NY 10014							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			nead/Rental Expe		,		<b>=</b>		de of Texas. Comp	
								<b>—</b>		officeholder living	expense
								Website Host	.ii iÿ	1	
_	Complete ONLY if direct	<u> </u>	Candidate/O#:	coholder name		Office as:	lap+			Office he	Id
9	Complete ONLY if direct expenditure to benefit C/O		Januluale/Offi	ceholder name		Office sou	agrit			Office ne	lu .
	Date		Payee name								
L	11/19/2024		Squarespac	e, Inc.							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$15.59		225 Varick S	Street							
			12th Floor								
			New York, N	NY 10014							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			nead/Rental Expe				<b>—</b>		de of Texas. Comp	
								Website Host		officeholder living	expense
									9	•	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	C	Office sou	<u>I</u> ught			Office he	ld
		_									
	Date		Payee name								
	11/15/2024		Squarespac								
	Amount (\$)		Payee addres	•	State;	Zip Co	ode				
	\$0.51		225 Varick S	Street							
			12th Floor								
L		L	New York, N	NY 10014							
	PURPOSE OF	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Office Overl	nead/Rental Expe	ense			_		de of Texas. Comp officeholder living	
								Website Host			
									. 9	,	
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	<u>l</u> ught			Office he	ld
	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		nmittee Legal Services Printing Expense Printing Expense Salaries/Wages/G			OTHER (enter a	category not listed above)
	Credit Card Payment		The Instruction Guide explains how to complet	te this form.			
1	Total pages Schedule F1:	1		;	3	Filer ID	(Ethics Commission Filers)
	Sch: 60/81 Rpt:		Bernal, Diego M. (The Honorable)			00070466	
4	Date	5	Payee name				
	10/18/2024		Squarespace, Inc.				
6	Amount (\$)	7	Payee address; City; State; Zip Code				
	\$7.79		225 Varick Street				
			12th Floor				
			New York, NY 10014				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense	브			plete Schedule T.
	EXI ENDITORE			<b>—</b>		officeholder living	g expense
				Website Hosti	ny		
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sought			Office he	old.
9	expenditure to benefit C/O		anduate/Oniceriolaer name Onice sought			Office fie	eiu
_	Data	Г					
	Date 09/03/2024	ı	Payee name				
		_	Squarespace, Inc.				
	Amount (\$)		Payee address; City; State; Zip Code				
	\$6.50		225 Varick Street				
			12th Floor				
			New York, NY 10014				
	PURPOSE OF		, (consideration and the community)	Description	:	d4.T O	alaka Cahadula T
	EXPENDITURE		Office Overhead/Rental Expense	<b>느</b>		officeholder living	plete Schedule T.
			;	<b>—</b> Website Hosti			
	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office he	eld
	expenditure to benefit C/OI	Н					
	Date		Payee name				
	08/05/2024		Squarespace, Inc.				
	Amount (\$)		Payee address; City; State; Zip Code				
	\$8.88		225 Varick Street				
			12th Floor				
			New York, NY 10014				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense		utsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE		] [			officeholder living	g expense
				Website Hosti	ng		
_	Complete ONLY if alias at	Ļ	Condidate/Officeholder name			Office I-	ald.
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought			Office he	eiu
_	·						

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 61/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466	
4	Date	5 Payee name	
	07/03/2024	Squarespace, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.50	225 Varick Street	
		12th Floor	
		New York, NY 10014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Website Hosting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	<b>-</b>	
	Date	Payee name	_
	11/25/2024	Starbucks	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$67.28	7311 San Pedro Avenue	
		San Antonio, TX 78216	
	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	
		Coffee for Event - Thankgiving Food Drive	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
_	Date	Payee name	_
	08/22/2024	Starbucks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.52	7311 San Pedro Avenue	
		San Antonio, TX 78216	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Food and Beverage for Meeting	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 62/81 Rpt:	Bernal, Diego M. (The Honorable)  00070466
4	Date	5 Payee name
	07/01/2024	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.15	7311 San Pedro Avenue
		San Antonio, TX 78216
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	David and the second se
	07/08/2024	Payee name
		Sunoco
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.67	500 E. Rice Street
		Falfurrias, TX 78355
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	07/08/2024	Sunoco
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.06	100 E. Expressway 83
		Mission, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Gas
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	<u>'</u>

#### 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: 63/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4 Date	5 Payee name
07/08/2024	Sunoco
6 Amount (\$) \$42.64	7 Payee address; City; State; Zip Code 100 E. Expressway 83
	Mission, TX 78572
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/16/2024	T-Mobile
Amount (\$) \$127.83	Payee address; City; State; Zip Code 12920 SE 38th Street
	Bellevue, WA 98006
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Cell Phone Payment
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
11/14/2024	T-Mobile
Amount (\$) \$146.22	Payee address; City; State; Zip Code 12920 SE 38th Street
	Bellevue, WA 98006
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Cell Phone Payment
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 64/81 Rpt:	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466
4	Date 10/15/2024	5 Payee name T-Mobile
6	Amount (\$) \$153.27	7 Payee address; City; State; Zip Code 12920 SE 38th Street
		Bellevue, WA 98006
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Cell Phone Payment
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/25/2024	Payee name T-Mobile
	Amount (\$) \$146.22	Payee address; City; State; Zip Code 12920 SE 38th Street
		Bellevue, WA 98006
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Cell Phone Payment
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/14/2024	Payee name T-Mobile
	Amount (\$) \$146.22	Payee address; City; State; Zip Code 12920 SE 38th Street
		Bellevue, WA 98006
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Cell Phone Payment
	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 Commi

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	Al 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: 65/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4 Date	5 Payee name
07/15/2024	T-Mobile
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$146.22	12920 SE 38th Street
	Bellevue, WA 98006
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Cell Phone Payment
	Cell Phone Payment
• • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to serious eye	
Date	Payee name
10/28/2024	Tacos Los Chapitos Yeverino
Amount (\$)	Payee address; City; State; Zip Code
\$36.00	1905 West Avenue
	San Antonio, TX 78201
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Food and Beverage for Meeting
	1 ood and Beverage for Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Dete	
Date	Payee name
12/30/2024	Taqueria Chapala Jalisco
Amount (\$)	Payee address; City; State; Zip Code
\$12.46	1902 McCullough Avenue
	San Antonio, TX 78212
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Food and Beverage for Meeting
Complete CMLV if dire	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> 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 Commit

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

	Candidate/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: 66/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	12/24/2024	Taqueria Chapala Jalisco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.74	1902 McCullough Avenue
		San Antonio, TX 78212
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/20/2024	Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.48	1902 McCullough Avenue
	<del>,</del>	1002 Moduloug
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
		Toda and Botonago for moduling
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	12/19/2024	Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.45	1902 McCullough Avenue
	Ψ13.43	1302 McCallough Avenue
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

Credit Card r dyment		The Instruction Guide	e explains how to co	mplete this form.			
1 Total pages Schedul	le F1: 2	2 FILER NAME			3 Filer ID	(Ethics Commission	Filers)
Sch: 67/81 Rp	t:	Bernal, Diego M. (The Honora	ıble)		00070466		
4 Date		5 Payee name					
12/16/2024		Taqueria Chapala Jalisco					
6 Amount (\$)	7	7 Payee address; City;	State; Zip Co	ode			
\$2	28.00	1902 McCullough Avenue					
		San Antonio, TX 78212					
8 PURPOSE	(	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description			
OF EXPENDITURE		Food/Beverage Expense		. =	rel outside of Texas. Com		
E/11 E/12			!	. —	stin, TX, officeholder living		
			!	ב דטטע מווע ב	Beverage for Mee	urig	
9 Complete ONLY if di	lirect	Candidate/Officeholder name	Office sou	laht	Office he	<u> </u>	
expenditure to benef			Office 30a	ignt	Office III	Siu	
Data	<del></del>						
Date 12/09/2024		Payee name					
	$\longrightarrow$	Taqueria Chapala Jalisco		<del>.</del>			
Amount (\$)	- 40	Payee address; City;	State; Zip Co	ode			
<b>ა</b>	32.40	1902 McCullough Avenue					
		San Antonio, TX 78212					
PURPOSE OF	(	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description			
EXPENDITURE		Food/Beverage Expense	!	. —	rel outside of Texas. Com stin, TX, officeholder living		
			!		Beverage for Mee		
			!	. 33 3		, unig	
Complete <u>ONLY</u> if di	lirect	Candidate/Officeholder name	Office sou	<u>l</u> aht	Office he	 eld	
expenditure to benef				3			
Date	$\overline{}$	Payee name					
12/05/2024		Taqueria Chapala Jalisco					
Amount (\$)	$\overline{}$	Payee address; City;	State; Zip Co				
	16.76	1902 McCullough Avenue	Juic, 219 00	ide .			
¥ ·	0.75	1302 Woodillough / Worlds					
		San Antonio, TX 78212					
PURPOSE	-+			(b) Description			
OF		(a) Category (See Categories listed at the to Food/Beverage Expense	op of this schedule)	(b) Description  Check if trave	rel outside of Texas. Com	nplete Schedule T.	
EXPENDITURE		FUUU/Develaye Expense	!	ı ⊔	stin, TX, officeholder living	•	
			!	Food and B	Beverage for Mee	eting	
			!				
Complete ONLY if di		Candidate/Officeholder name	Office sou	ıght	Office he	eld	
expenditure to benef	fit C/OH						

### 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/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: 68/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	12/02/2024	Taqueria Chapala Jalisco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.80	1902 McCullough Avenue
		San Antonio, TX 78212
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/25/2024	Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	1902 McCullough Avenue
		San Antonio, TX 78212
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/18/2024	Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.31	1902 McCullough Avenue
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
-	Sch: 69/81 Rpt:	Bernal, Diego M. (The Honorable)
4	Date	5 Payee name
	11/18/2024	Taqueria Chapala Jalisco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.20	1902 McCullough Avenue
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
		The second secon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Davies wares
	11/14/2024	Payee name Taguaria Chanala Jalieca
		Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.97	1902 McCullough Avenue
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		1 ood and Develage for Weeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
_	Date	Davida marra
	11/12/2024	Payee name Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.84	1902 McCullough Avenue
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
		1 ood and Develage for Weeting
	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 Commi

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

1 Total pages Schedule F1: Sch: 70/81 Rpt:  8 Pure name Taqueria Chapala Jalisco  7 Payee address; City; State; Zip Code 1902 McCullough Avenue San Antonio, TX 78212  8 PURPOSE OF EXPENDITURE  9 Complete QNLY if direct expenditure to benefit C/OH  Date 11/01/2024  Payee name Taqueria Chapala Jalisco  7 Payee address; City; State; Zip Code 1902 McCullough Avenue San Antonio, TX 78212  8 PURPOSE OF EXPENDITURE  Candidate/Officeholder name Office sought Office leld  Office held  Office held  Payee name Taqueria Chapala Jalisco  Amount (\$) Payee address; City; State; Zip Code 11/01/2024  Payee name Taqueria Chapala Jalisco  Payee name Taqueria Chapala Jalisco  Payee address; City; State; Zip Code 1902 McCullough Avenue San Antonio, TX 78212  Purpose  (a) Category (see Categories listed at the top of this schedule) San Antonio, TX 78212  (b) Description  (b) Description  (b) Description  (b) Description  (b) Description	
Sch: 70/81 Rpt: Bernal, Diego M. (The Honorable) 00070466  4 Date 11/04/2024 5 Payee name Taqueria Chapala Jalisco  6 Amount (\$) 7 Payee address; City; State; Zip Code 1902 McCullough Avenue San Antonio, TX 78212  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense Food and Beverage for Meeting  9 Complete QNLY if direct expenditure to benefit C/OH  Date 11/01/2024 Taqueria Chapala Jalisco  Amount (\$) Payee name Taqueria Chapala Jalisco  Payee address; City; State; Zip Code  \$20.93 Payee address; City; State; Zip Code  \$20.93 San Antonio, TX 78212	
Taqueria Chapala Jalisco  Amount (\$)	
Purpose   San Antonio, TX 78212	
\$76.32	
San Antonio, TX 78212  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and Beverage for Meeting  Office sought  Office held  Date Payee name 11/01/2024  Amount (\$) Payee address; City; State; Zip Code  \$20.93  PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  (b) Description  (b) Description  (b) Description	
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 Justin, TX, officeholder living expense Food and Beverage for Meeting  9 Complete ONLY if direct expenditure to benefit C/OH  Date 11/01/2024 Payee name Taqueria Chapala Jalisco  Amount (\$) Payee address; City; State; Zip Code  \$20.93 Payee address; City; State; Zip Code  San Antonio, TX 78212  PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  (b) Description	
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 Justin, TX, officeholder living expense Food and Beverage for Meeting  9 Complete ONLY if direct expenditure to benefit C/OH  Date 11/01/2024 Payee name Taqueria Chapala Jalisco  Amount (\$) Payee address; City; State; Zip Code  \$20.93 Payee address; City; State; Zip Code  San Antonio, TX 78212  PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  (b) Description	
Food/Beverage Expense  Food/Beverage Expense  Genetif travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and Beverage for Meeting  Complete ONLY if direct expenditure to benefit C/OH  Date 11/01/2024  Payee name 11/01/2024  Amount (\$)  Payee address; City; State; Zip Code  \$20.93  Purpose  (a) Category (See Categories listed at the top of this schedule)  (b) Description	
PURPOSE  POOd/Beverage Expense    Check if Austin, TX, officeholder living expense Food and Beverage for Meeting	
9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Taqueria Chapala Jalisco  Amount (\$) Payee address; City; State; Zip Code  \$20.93 Payee address; City; State; Zip Code  San Antonio, TX 78212  PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
9 Complete ONLY if direct expenditure to benefit C/OH  Date 11/01/2024  Amount (\$)  Payee address; City; State; Zip Code  \$20.93  Purpose  (a) Category (See Categories listed at the top of this schedule)  Office sought Office held  Office	
Date 11/01/2024 Payee name 11/01/2024 Taqueria Chapala Jalisco  Amount (\$) Payee address; City; State; Zip Code  \$20.93 \$20.93 \$20.93 PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description	
Date 11/01/2024 Payee name 11/01/2024 Taqueria Chapala Jalisco  Amount (\$) Payee address; City; State; Zip Code  \$20.93 \$20.93 \$20.93 PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description	
Date 11/01/2024 Taqueria Chapala Jalisco  Amount (\$) Payee address; City; State; Zip Code  \$20.93 1902 McCullough Avenue  San Antonio, TX 78212  PURPOSE (a) Category (See Categories listed at the top of this schedule)  (b) Description	
11/01/2024 Taqueria Chapala Jalisco  Amount (\$) Payee address; City; State; Zip Code  \$20.93 1902 McCullough Avenue  San Antonio, TX 78212  PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
Amount (\$) Payee address; City; State; Zip Code  \$20.93 1902 McCullough Avenue  San Antonio, TX 78212  PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
\$20.93 1902 McCullough Avenue  San Antonio, TX 78212  PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
San Antonio, TX 78212  PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
(See Categories listed at the top of this schedule)	
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FYDENDITURE   FOOd/Beverage Expense   Light check in table of rexast complete schedule it.	
Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting	
1 ood and beverage for intesting	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
	_
Date Payee name	
10/25/2024 Taqueria Chapala Jalisco	
Amount (\$) Payee address; City; State; Zip Code	
\$38.40 1902 McCullough Avenue	
San Antonio, TX 78212	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE FOOd/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1X, officeholder living expense	
Food and Beverage for Meeting	
Complete ONLY if direct Condidate/Officeholder name Office sought	
Complete <u>ONLY</u> 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 71/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	10/15/2024	Taqueria Chapala Jalisco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.93	1902 McCullough Avenue
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	_	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
		1 ood and beverage for weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/15/2024	Taqueria Chapala Jalisco
		· · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.54	1902 McCullough Avenue
		San Antonio, TX 78212
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>
	Date	Payee name
	10/11/2024	Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.76	1902 McCullough Avenue
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
		1 ood and beverage for weeting
	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 Committe

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 72/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	09/25/2024	Taqueria Chapala Jalisco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.33	1902 McCullough Avenue
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		1 ood and beverage for weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
$\vdash$	Date	Davies same
		Payee name
	08/19/2024	Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.01	1902 McCullough Avenue
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		Food and beverage for Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 07/29/2024	Payee name Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.92	1902 McCullough Avenue
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		Food and beverage for Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### 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	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 73/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	07/26/2024	Taqueria Chapala Jalisco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.93	1902 McCullough Avenue
		San Antonio, TX 78212
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
		. Sou and Doronage for mouning
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/12/2024	Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.23	1902 McCullough Avenue
	Ψ02.20	1002 Woodinough / Worldo
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/08/2024	Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.16	1902 McCullough Avenue
		San Antonio, TX 78212
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
		1 ood and beverage for weeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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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 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/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: 74/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	12/03/2024	Texas House Democratic Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 12453
		Austin, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Membership Dues
		Wiembership Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
$\vdash$	Data	Para a same
	Date	Payee name
	11/05/2024	Thai Topaz
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.87	2177 NW Military Highway
		Suite C
		Castle Hills, TX 78213
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	-	Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		Food and beverage for Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name The Cove
	10/21/2024	The Cove
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.20	606 W. Cypress Street
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
		1 ood and beverage for Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Service	Memorials Expe			xpens Wages			Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2								3	Filer ID	(Ethics Commission Filers)
	Sch: 75/81 Rpt:		Bernal, Die	o M. (Th	e Honoral	ole)					00070466	
4	Date	5	Payee name									
L	10/23/2024		The Station	Caf								
6	Amount (\$)	7	Payee addres	ss; Cit	y;	State;	Zip Co	ode				
	\$35.70		108 King W	illiam Stre	eet							
			San Antonio	o, TX 782	05							
8	PURPOSE OF	(a)	Category (Se	e Categories	listed at the to	p of this sche	edule)	(b)	Description			
	EXPENDITURE		Food/Bever	age Expe	nse						de of Texas. Com officeholder living	
									Food and Bev			
9	Complete ONLY if direct		Candidate/Offi	ceholder n	ame	0	ffice sou	ught			Office he	eld
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/27/2024		The Sympa	thy Store	- Hello Flo	owers						
	Amount (\$)		Payee addres	ss; Cit	y;	State;	Zip Co	ode				
	\$156.85		407 E. Fort	Street								
			3rd Floor									
			Detroit, MI 4	8226								
	PURPOSE	(a)	Category (Se	e Categories	listed at the to	p of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Gift/Awards	/Memoria	ls Expens	se			<b>□</b>		de of Texas. Com	
									Funeral Flow		officeholder living	expense
									T diletal Flow	0.0		
	Complete ONLY if direct		Candidate/Offi	ceholder n	ame	0	ffice sou	<u>I</u> ught			Office he	eld
	expenditure to benefit C/O							-				
	Date		Payee name									
	12/23/2024		The Wicked	Wich								
	Amount (\$)		Payee addres	ss; Cit	y;	State;	Zip Co	ode				
	\$39.00		825 Frederi	cksburg F	Road							
			San Antonio	, TX 782	12							
	PURPOSE	(a)	Category (Se	e Categories	listed at the to	p of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Expe	ense						de of Texas. Com	
									Food and Bev		officeholder living	
									. Joa and De	V () (	age for Mice	9
	Complete ONLY if direct		Candidate/Offi	ceholder n	ame	0	ffice sou	<u>l</u> ught			Office he	eld
	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 Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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: 76/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	11/19/2024	Thomas Jefferson Booster Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	723 Donaldson Avenue
		San Antonio, TX 78201
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
		Donation - Program Advertisement
L		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	12/20/2024	Tlahco Mexican Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.13	6702 San Pedro Avenue
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		Pood and beverage for infecting
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	11/20/2024	Tlahco Mexican Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.87	6702 San Pedro Avenue
L		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		Food and beverage for infecting
_	Complete ONLY if alice at	Condidate/Officeholder name Office sought Office hald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule Sch: 77/81 Rpt:		3 Filer ID (Ethics Commission Filers) 00070466
4 Date 09/30/2024	5 Payee name Tlahco Mexican Kitchen	00010400
6 Amount (\$) \$100		Code
8 PURPOSE OF EXPENDITURE	San Antonio, TX 78216  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
Complete ONLY if dir expenditure to benefit		ought Office held
Date 08/05/2024	Payee name Tlahco Mexican Kitchen	
Amount (\$) \$59	Payee address; City; State; Zip 6702 San Pedro Avenue  San Antonio, TX 78216	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
Complete ONLY if dir expenditure to benefit		ought Office held
Date 12/10/2024	Payee name Trail of Lights	
Amount (\$)	Payee address; City; State; Zip 3.06 2100 Barton Springs Road	Code
	Austin, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food and Beverage for Staff Retreat
Complete ONLY if dir expenditure to benefit		ought Office held

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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: 78/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	11/13/2024	UberEats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.99	1455 Market Street
		Suite 400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
		Food and beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
_	Date	Payee name
	10/17/2024	UberEats
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.40	1455 Market Street
		Suite 400
		San Francisco, CA 94103
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorure to benefit C/Or	
	Date	Payee name
	07/31/2024	UberEats
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.71	1455 Market Street
		Suite 400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
		Food and beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 B Candidate/Officeholder/Politica Credit Card Payment	
Total pages Schedule F1: Sch: 79/81 Rpt:	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466
4 Date	5 Payee name
12/18/2024	United States Postal Service
6 Amount (\$) \$67.00	7 Payee address; City; State; Zip Code 475 L'Enfant Plaza SW  Washington, DC 20260
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 PO Box Rental
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/16/2024	United States Postal Service
Amount (\$)	Payee address; City; State; Zip Code
\$67.00	475 L'Enfant Plaza SW
BURDOS	Washington, DC 20260
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  PO Box Rental
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/12/2024	Wal-Mart Val-Mart
Amount (\$) \$50.77	Payee address; City; State; Zip Code 8500 Jones Maltsberger Road
	San Antonio, TX 78216
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Supplies
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

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

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

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: 80/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	07/01/2024	Whataburger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.55	10011 San Pedro Avenue
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
		1 ood and Borolage for mooding
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	10/31/2024	Wu Chow
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$91.81	500 W. 5th Street
		Suite 168
		Austin, TX 78701
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/05/2024	Zoom
H	Amount (\$)	Payee address; City; State; Zip Code
	\$12.66	55 Almaden Boulevard
		6th Floor
		San Jose, CA 95113
┝	PURPOSE	Tax.
	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	Check if Austin, TX, officeholder living expense
		Virtual Meeting Software Subscription
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	3)
	Sch: 81/81 Rpt:	Bernal, Diego M. (The Honorable) 00070466	
4	Date	5 Payee name	
	09/25/2024	Zoom	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17.07	55 Almaden Boulevard	
		6th Floor	
		San Jose, CA 95113	
8	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	
		Virtual Meeting Software Subscription	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	08/26/2024	Zoom	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.07	55 Almaden Boulevard	
		6th Floor	
		San Jose, CA 95113	
	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	
		Virtual Meeting Software Subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	н	
	Date	Payee name	
	07/25/2024	Zoom	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.07	55 Almaden Boulevard	
		6th Floor	
		San Jose, CA 95113	
	PURPOSE	I	
	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	Check if Austin, TX, officeholder living expense	
		Virtual Meeting Software Subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 102/102 2 FILER NAME Filer ID (Ethics Commission Filers) Bernal, Diego M. (The Honorable) 00070466 5 Name of person from whom amount is received 8 Amount (\$) Date 12/11/2024 Frost Bank \$0.61 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78296 Purpose for which amount is received Check if political contribution returned to filer Interest on Bank Account Amount (\$) Name of person from whom amount is received Date 11/13/2024 Frost Bank \$0.14 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78296 Purpose for which amount is received Check if political contribution returned to filer Interest on Bank Account