# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00070466		2 Total pages fil	ed: 1
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE (	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Diego M.			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST Bernal		SUFFIX	<sup>···</sup> 07/15/2025	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 12411				Receipt #	Amount
Change of Address	San Antonio, TX 78212				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER NAME	Mrs.	Blakely		,		
	NICKNAME	LAST		SUFFIX		
		Fernandez				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / 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	January 15	30th day before	election	Runoff	15th day after car	mpaign treasurer ceholder only)
	X 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	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGH	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 91

13 C / OH NAME	Bernal, Diego M. (The	e Honorable)	<b>14</b> Filer ID 00070466	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 31,981.41
CONTRIBUTION BALANCE	5. TOTAL POLITIC. REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 9,200.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hono	orable Diego M. Bern	al
		Signature of	f Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

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

# FORM C/OH COVER SHEET PG 3

3 of 91

				3 01 91		
18 FILER NAME19 Filer ID(Ethics Commission Filers)Bernal, Diego M. (The Honorable)00070466						
	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE					
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00		
2. X S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3. X S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00		
4. X S	SCHEDULE E: LOANS		\$	0.00		
5. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	31,981.41		
6. X S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
7. X S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00		
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00		
9. X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00		
10. S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	122.66		

PLE	DGED CONTRIBU	TIONS			SCHEDULE B	}
т	he Instruction Guide exp	lains how to compl	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 4/91	
2 FILER N.	AME Diego M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00070466	
<u></u>	OF UNITEMIZED PLEDG	ES				.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID#	t:	8	Amount of 9 In-kind description	—
	7 Pledgor Address;	City; State; Zip Code	e		pledge (\$) (If applicable)	
				]	Check if travel outside of Texas. Complete Schedu	ule T.
10 Principal	occupation / Job title (See Instru	ctions)	11 Employer (See In:	structi	ions)	

	LOANS					SCHED	ULE <b>E</b>
	The Instruction	The Instruction Guide explains how to complete this			is form.  1 Total pages Schedule E: Sch: 1/1 Rpt: 5/91		
2	FILER NAME Bernal, Diego M	. (The Honorable)			3 Filer ID 00070	(Ethics Commission 466	on Filers)
4	TOTAL OF UN	IITEMIZED LOANS			<b>.</b>	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (S	<b>5</b> )
6	Is lender a financial institution?	8 Lender address; City	r; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructi	ons)		
14	Description of Coll None	ateral		15 Check if personal funds	were deposite	ed into political accour (See Instruction	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarar	nteed (\$)
	not applicable	<b>18</b> Guarantor address; City	/; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instructi	ons)		

#### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/84 Rpt: 6/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	06/16/2025	7-Eleven
6	Amount (\$) \$44.33	7 Payee address; City; State; Zip Code 12011 San Pedro Avenue  San Antonio, TX 78216
8	PURPOSE	
Ū	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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/22/2025	7-Eleven
	Amount (\$) \$52.44	Payee address; City; State; Zip Code  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
	Date	Payee name
	04/07/2025	7-Eleven
	Amount (\$) \$48.87	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 <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
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 F dyment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 2/84 Rpt: 7/91	Bernal, Diego M. (The Honorable)		00070466	
4 Date	5 Payee name		•	
02/18/2025	7-Eleven			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$43.97	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	_ `	el outside of Texas. Com	plete Schedule T.
EXPENDITURE		. –	tin, TX, officeholder living	g expense
		Gas		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office he	eld
Date	Payee name			
02/11/2025	7-Eleven			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$37.58	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	_	el outside of Texas. Com	plete Schedule T.
EXI ENDITORE		—	tin, TX, officeholder livinç	g expense
		Gas		
Complete ONLY if direct	Candidate/Officeholder name Office so	l waht	Office he	ald
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ugnı	Office no	eid
	<u> </u>			
Date	Payee name			
02/04/2025	7-Eleven			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$54.12	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	I <u>—</u>	el outside of Texas. Com	
			tin, TX, officeholder living	g expense
		Gas		
Complete CNI V if direct	Candidate/Officeholder name Office so	Light	Office b	old
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ugrit	Office he	eiu
-				

#### SCHEDULE F1

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

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

Candidate/Officenoider/Politic	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/84 Rpt: 8/91	Bernal, Diego M. (The Honorable) 00070466
4 Date	5 Payee name
01/28/2025	7-Eleven
6 Amount (\$) \$51.71	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 EXPENDITURE	Travel In District  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/C	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/23/2025	7-Eleven
Amount (\$) \$41.73	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/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/14/2025	7-Eleven
Amount (\$) \$43.57	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/O	Candidate/Officeholder name Office sought Office held H

### 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

	Consuling 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: 4/84 Rpt: 9/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	01/08/2025	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.25	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 ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/05/2025	ATM Withdraw
_	Amount (\$)	Payee address; City; State; Zip Code
	\$103.50	7144 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
		Cash for House Lounge
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to betterit eyes	
	Date	Payee name
	05/06/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$254.44	410 Terry Avenue N
		, and the second
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Supplies for Capitol Office (TV)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	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 con	nplet	e this form.
1	Total pages Schedule F1: Sch: 5/84 Rpt: 10/91	FILER NAME     Bernal, Diego M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00070466
4	Date 02/18/2025	5 Payee name Amazon		,
6	Amount (\$) \$20.56	7 Payee address; City; State; Zip Coo 410 Terry Avenue N	de	
		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 Capitol Office
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date 01/21/2025	Payee name Amazon		
	Amount (\$) \$9.24	Payee address; City; State; Zip Coo 410 Terry Avenue N Seattle, WA 98109	de	
	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 Capitol Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date 01/13/2025	Payee name Amazon		
	Amount (\$) \$145.48	Payee address; City; State; Zip Coo 410 Terry Avenue N	de	
		Seattle, WA 98109		
	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 Capitol Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
			_	

### SCHEDULE F1

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

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

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: 6/84 Rpt: 11/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	01/13/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.65	410 Terry Avenue N
		Seattle, WA 98109
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 Office Supplies for District Office
		Office Supplies for District Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Dougo nomo
	01/13/2025	Payee name
		Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.21	410 Terry Avenue N
		Seattle, WA 98109
	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  Office Supplies for District Office
		Office Supplies for District Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Device same
	06/02/2025	Payee name Austin Southpark Hotel
		Austin Southpark Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	4140 Governors Row
		Austin, TX 78744
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		<ul><li>X Check if Austin, TX, officeholder living expense</li><li>Housing for Session</li></ul>
		Housing to Session
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T.1 C.1 11 =:	,
1	Total pages Schedule F1: Sch: 7/84 Rpt: 12/91	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466
4	Date	
🕇		,
	06/02/2025	Austin Southpark Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4140 Governors Row
		Austin, TX 78744
Ļ		1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Housing for Session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	06/02/2025	Austin Southpark Hotel
_	Amount (\$)	
	` ,	
	\$100.00	4140 Governors Row
		Austin, TX 78744
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District  Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District    X   Check if Austin, TX, officeholder living expense
		Housing for Session
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
	06/02/2025	Austin Southpark Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	4140 Governors Row
	. ,	
		Austin TV 70744
		Austin, TX 78744
	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.
		X Check if Austin, TX, officeholder living expense
		Housing for Session
	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

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	/ - al Comn	mittee Le	ft/Awards/Memor gal Services he Instruction	rials Expense  Guide explains		/ages	/Contract Labor		Travel Out of I OTHER (enter	District a category not listed above)	
Ļ		-		iic iiisti uctiOli	Cuiue expiailis		iiipie	ac una ioiin.			(=u) · ·	
1	Total pages Schedule F1:	l							3		(Ethics Commission F	-ılers)
	Sch: 8/84 Rpt: 13/91	-	Bernal, Diego	M. (The Ho	onorable)					00070466	; 	
4	Date	ı	Payee name									
L	06/02/2025	_ ^	Austin South	ark Hotel								
6	Amount (\$)	7 F	Payee address	; City;	State	; Zip Co	de					
	\$500.00	4	1140 Govern	ors Row								
		_	Austin, TX 78	744								
8	PURPOSE	_				h	(h)	Description				
Ü	OF		Fravel Out of		at the top of this scl	hedule)	(1)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE	'	riav <del>e</del> i Oul 01	חופווונו				X Check if Austin,			•	
								Housing for S				
								-				
9	Complete ONLY if direct	Ca	andidate/Office	holder name	, (	Office sou	ght			Office	held	
	expenditure to benefit C/O						-					
H	Date	F	Payee name									
	06/02/2025	l	Austin South	ark Hotel								
$\vdash$	Amount (\$)	-	Payee address		State	; Zip Co	de					
	\$858.00		1140 Govern	•	Sidie	., <u>Lip</u> CO	40					
	φουο.00		+++0 G0/CIII	1\UVV								
		-	Austin, TX 78	/44								
	PURPOSE OF				at the top of this scl	hedule)	(b)	Description				
	EXPENDITURE	1	Γravel Out of	District				<b>—</b>			mplete Schedule T.	
								X Check if Austin, Housing for S			пу ехрепѕе	
								TIOUSHING TOT S	JC2	31011		
_	Complete ONLY if direct	<u> </u>	andidate/Office	holder name	,	Office sou	aht			Office	held	
	expenditure to benefit C/O		andidate/Office	noidei naine	,	Cince Soul	giit			Office	iciu	
$\vdash$	Data	<u> </u>										
	Date	l	Payee name	and a late of the								
	06/02/2025		Austin South									
	Amount (\$)	l	Payee address	•	State	e; Zip Co	de					
	\$1,357.79	4	1140 Govern	ors Row								
		4	Austin, TX 78	744								
	PURPOSE	(a) (	Category (See	Categories listed	at the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE		Γravel Out of		•	•		<b></b>			mplete Schedule T.	
	LAFENDITURE							X Check if Austin,			ng expense	
								Housing for S	Ses	sion		
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Office	holder name	;	Office sou	ght			Office	held	
	experioliture to beriefit 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<b>4 T</b> . 1	,
1 Total pages Schedule F1:	
Sch: 9/84 Rpt: 14/91	Bernal, Diego M. (The Honorable) 00070466
4 Date	5 Payee name
06/02/2025	Austin Southpark Hotel
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	4140 Governors Row
	Austin, TX 78744
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	X Check if Austin, TX, officeholder living expense
	Housing for Session
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>
Date	Payee name
06/02/2025	Austin Southpark Hotel
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	4140 Governors Row
, , ,	
	Austin, TX 78744
DUDDOCE	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxon Complete Schedule T
EXPENDITURE	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Housing for Session
	Tiodoling for occolori
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
06/02/2025	Austin Southpark Hotel
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	4140 Governors Row
	Austin, TX 78744
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.
LA LIBITORE	X Check if Austin, TX, officeholder living expense
	Housing for Session
Operation Children	Our Highest (Office health a group of the control o
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 Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	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:	
	Sch: 10/84 Rpt: 15/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
L	06/02/2025	Austin Southpark Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.00	4140 Governors Row
		Austin, TX 78744
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EM LINDITURE	X Check if Austin, TX, officeholder living expense
		Housing for Session
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Of	
	Date	Payee name
L	06/02/2025	Austin Southpark Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	4140 Governors Row
		Austin, TX 78744
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
		i lousing tot session
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/02/2025	Austin Southpark Hotel
_		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	4140 Governors Row
		Austin, TX 78744
	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.
		X Check if Austin, TX, officeholder living expense
		Housing for Session
	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 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/Officeholder/Politica			Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter	istrict a category not listed abov	e)
	Credit Card Payment			The Instruction G	uide explains l	how to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 11/84 Rpt: 16/91		Bernal, Dieg	o M. (The Hon	orable)					00070466		
4	Date	5	Payee name									
	06/02/2025		Austin South	npark Hotel								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$25.00		4140 Govern	nors Row								
			Austin, TX 7	8744								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF	`´	Travel Out o		uie top of this sch	euule)	` '	:	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE							X Check if Austin,			g expense	
								Housing for S	Ses	sion		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office h	ield	
		_										
	Date		Payee name									
	05/30/2025		Austin South	npark Hotel								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$50.00		4140 Govern	nors Row								
			Austin, TX 7	8744								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out o	f District				<b>=</b>			nplete Schedule T.	
								X Check if Austin, Housing for S		officeholder livir	ig expense	
										0.0		
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI						•					
-	Date	Π	Payee name									
	05/30/2025		Austin South	park Hotel								
	Amount (\$)		Payee addres		State:	Zip Co	de					
	\$33.15		4140 Govern	-	,							
			Austin, TX 7	8744								
	PURPOSE	(a)		e Categories listed at			(h)	Description				
	OF	(۵)	Travel Out o		tne top of this sch	eaule)	(5)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		mavor out o	. Diotriot				X Check if Austin,	, TX,	officeholder livir	ig expense	
								Housing for S	Ses	sion		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	onponditure 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 Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula E1.	9 Files NAME
1	Total pages Schedule F1: Sch: 12/84 Rpt: 17/91	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466
4	Date	5 Payee name
	04/01/2025	Austin Southpark Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.49	4140 Governors Row
		Austin, TX 78744
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Housing for Session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/20/2025	Austin Southpark Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,097.32	4140 Governors Row
		Austin, TX 78744
	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.
		X Check if Austin, TX, officeholder living expense
		Housing for Session
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<b>D</b> :	
	Date	Payee name
	02/20/2025	Austin Southpark Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.49	4140 Governors Row
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense
		Housing for Session
_	Operation ONE V. C. P.	Out that Office health are seen as the second to the secon
	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
Credit Card Payment

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

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

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

Credit Card F dyment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/84 Rpt: 18/91	Bernal, Diego M. (The Honorable)	00070466
4 Date	5 Payee name	
02/14/2025	Austin Southpark Hotel	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$154.06	4140 Governors Row	
	Austin, TX 78744	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
		Housing for Session
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/O	Н	
Date	Payee name	
02/13/2025	Austin Southpark Hotel	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$128.49	4140 Governors Row	
	Austin, TX 78744	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
		Housing for Session
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/O	н	
Date	Payee name	
06/30/2025	Buc-ee's	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$35.54	10070 I-10	
	Lulling, TX 78648	
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
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght Office held
expenditure to benefit C/O	Н	

#### 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: 14/84 Rpt: 19/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	06/02/2025	Buc-ee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.00	2760 Interstate 35
L		New Braunfels, TX 78130
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	05/22/2025	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.82	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
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
	Date	Payee name
	03/31/2025	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.74	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
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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: 15/84 Rpt: 20/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	03/31/2025	Buc-ee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.57	2760 Interstate 35
		New Braunfels, TX 78130
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	01/02/2025	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.60	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
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/25/2025	CAVA
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.97	999 E. Basse Road
		Suite 125
		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 infecting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 16/84 Rpt: 21/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	03/03/2025	CAVA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.21	999 E. Basse Road
		Suite 125
		San Antonio, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	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 sought Office held
	Date	Payee name
	01/21/2025	CFS Flowers and Gifts
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.15	220-15 Resevoir Street
		Needham, MA 02494
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Funeral Flowers
		T dilotal Tiewelle
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	04/15/2025	Canva
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	200 E. 6th Street
	Ψ30.00	200 2. 001 00000
		Austin, TX 78701
	DUDDOC-	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  (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
		Graphic Design Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

	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: 17/84 Rpt: 22/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	03/17/2025	Canva
6	Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 200 E. 6th Street
		Austin, TX 78701
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  Graphic Design Subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/18/2025	Canva
	Amount (\$) \$30.00	Payee address; City; State; Zip Code 200 E. 6th Street
		Austin, TX 78701
	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  Graphic Design Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/15/2025	Canva
	Amount (\$) \$30.00	Payee address; City; State; Zip Code 200 E. 6th Street
		Austin, TX 78701
	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  Graphic Design Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.  OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 18/84 Rpt: 23/91	Bernal, Diego M. (The Honorable)	00070466					
4 Date	5 Payee name	•					
03/18/2025	Celebrate Excellence						
6 Amount (\$)	7 Payee address; City; State; Zip C	ode					
\$3,313.50	2130 Jackson Keller Road						
	San Antonio, TX 78213						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Fiesta Medals					
9 Complete ONLY if direct	Candidate/Officeholder name Office so	I ught Office held					
expenditure to benefit C/O	1						
Date	Payee name						
02/24/2025	Chevron						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$54.75	7150 San Pedro Avenue						
	San Antonio, TX 78216						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.					
EXI ENDITORE		Check if Austin, TX, officeholder living expense					
		Gas					
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held					
expenditure to benefit C/Oh		Gilloc Hold					
Date	Payee name						
01/16/2025	Chick-fil-A						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$43.64	27 NE Loop 410						
	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 so	I ught 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: Sch: 19/84 Rpt: 24/91		r ID (Ethics Commission Filers) 970466
4	Date 06/13/2025	5 Payee name Choke Canyon Travel Center	
6	Amount (\$) \$13.27	7 Payee address; City; State; Zip Code 16565 Shepherd Road	
8	PURPOSE OF EXPENDITURE	Atascosa, TX 78002  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of T  Check if Austin, TX, officed  Gas	Fexas. Complete Schedule T. holder living expense
9	Complete ONLY if direct expenditure to benefit C/O		Office held
	Date 05/02/2025	Payee name Circle K	
	Amount (\$) \$44.52	Payee address; City; State; Zip Code 3820 San Pedro Avenue San Antonio, TX 78212	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Texas. Complete Schedule T. holder living expense
	Complete ONLY if direct expenditure to benefit C/O		Office held
	Date 04/14/2025	Payee name Circle K	
	Amount (\$) \$55.11	Payee address; City; State; Zip Code 3820 San Pedro Avenue	
		San Antonio, TX 78212	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of T  Check if Austin, TX, officel  Gas	Fexas. Complete Schedule T. holder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	<b>U</b>	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

**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 con	-	te this form.	
1	Total pages Schedule F1:		_	3 Filer ID (Ethics Commission Filers)	
	Sch: 20/84 Rpt: 25/91	Bernal, Diego M. (The Honorable) 00070466			
4	Date	5 Payee name		•	
	02/12/2025	Cochran, Zachary			
6	Amount (\$)	<b>7</b> Payee address; City; State; Zip Coo	de		
	\$866.68	16306 Appaloosa Oak			
		Selma, TX 78154			
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.	
	EXPENDITORE	·		Check if Austin, TX, officeholder living expense	
				Reimbursement - Supplies for New Capitol Office	
_					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held	
	Date	Payee name			
	02/12/2025	Cochran, Zachary			
	Amount (\$)	Payee address; City; State; Zip Coo	de		
	\$125.56	16306 Appaloosa Oak			
		Selma, TX 78154			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense	
				Reimbursement - Staff Party Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held	
	expenditure to benefit C/OI		jiit	Office field	
	Date	Davis asses			
	02/12/2025	Payee name Cochran, Zachary			
		-			
	Amount (\$)	Payee address; City; State; Zip Coo 16306 Appaloosa Oak	ae		
	\$279.22	10300 Appaioosa Oak			
		0.1 TV 70454			
		Selma, TX 78154			
	PURPOSE OF	, ,	(b)	Description	
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
				Reimbursement - Supplies for District Office	
				••	
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held	
	expenditure to benefit C/OI				

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 21/84 Rpt: 26/91	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	•
	02/12/2025	Cochran, Zachary	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$400.00	16306 Appaloosa Oak	
		Selma, TX 78154	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	ription
	OF EXPENDITURE	Consulting Expense	neck if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		neck if Austin, TX, officeholder living expense
		Cons	sulting Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
	Date		
	Date	Payee name	
	05/29/2025	Cochran, Zachary	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$173.17	16306 Appaloosa Oak	
		Selma, TX 78154	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	
	EXPENDITURE	Onice Overnead/Nerital Expense	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
			nbursement - Capitol Office TV
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	<del>-</del>	
	Date	Payee name	
	05/29/2025	Cochran, Zachary	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$159.04	16306 Appaloosa Oak	
	,		
		Selma, TX 78154	
	PURPOSE	<u> </u>	wine in a
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	ripuon neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/Deverage Expense	neck if Austin, TX, officeholder living expense
		Rein	nbursement - Alamo Candy Company for CO
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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: 22/84 Rpt: 27/91	Bernal, Diego M. (The Honorable)
4	Date	5 Payee name
	05/29/2025	Cochran, Zachary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	16306 Appaloosa Oak
	!	
		Selma, TX 78154
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	!	Reimbursement - Chairman Gift
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
T	Date	Payee name
	05/29/2025	Cochran, Zachary
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.45	16306 Appaloosa Oak
		Selma, TX 78154
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	!	Reimbursement - Chairman Gift
	!	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	06/30/2025	Curry Boys BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.03	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
	<u> </u>	Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
	!	Food and beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 23/84 Rpt: 28/91	Bernal, Diego M. (The Honorable)		00070466
4	Date	5 Payee name		
	06/17/2025	Curry Boys BBQ		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$48.13	536 E. Courtland Place		
		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
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	06/06/2025	Curry Boys BBQ		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$98.83	536 E. Courtland Place		
		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 sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	03/07/2025	Curry Boys BBQ		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$71.12	536 E. Courtland Place		
		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 sou	ght	Office held
	expenditure to benefit C/Ol	1		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/84 Rpt: 29/91	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	•
	02/21/2025	Curry Boys BBQ	
6	Amount (\$) \$38.84	7 Payee address; City; State; Zip Code 536 E. Courtland Place	
Ļ		San Antonio, TX 78212	
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/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
L	01/27/2025	Curry Boys BBQ	
	Amount (\$) \$86.54	Payee address; City; State; Zip Code 536 E. Courtland Place	
		San Antonio, TX 78212	
	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/OI	Candidate/Officeholder name Office sought	Office held
	Date 04/07/2025	Payee name Demo's Greek Food	
	Amount (\$) \$34.34	Payee address; City; State; Zip Code 7115 Blanco Road Suite 120 San Antonio, TX 78216	
	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/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	-		Vages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 25/84 Rpt: 30/91	Bernal, Diego M. (The Hor	norable)				00070466	
4	Date	5 Payee name						
	02/27/2025	Demo's Greek Food						
6	Amount (\$)	<b>7</b> Payee address; City;	State; Zip Co	ode				
	\$72.68	7115 Blanco Road						
		Suite 120						
		San Antonio, TX 78216						
8	PURPOSE OF	(a) Category (See Categories listed at	the top of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beverage Expense			느		de of Texas. Com officeholder living	
					Food and Be			
					1 000 0110 201	• • •	ago ioi moo	ung
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/OI							
	Date	Payee name						
	02/05/2025	Demo's Greek Food						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$44.36	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			<b>=</b>		de of Texas. Com	
					Food and Be		officeholder living	
					rood and bed	VCI	age for Mee	urig
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/OI							
	Date	Payee name						
	01/29/2025	Demo's Greek Food						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$58.12	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			ш		de of Texas. Com	•
					ш		officeholder living	•
					Food and Bev	ver	aye idi Mee	ung
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	<u>l</u> ıght			Office he	eld
	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/Politica Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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)
•	Sch: 26/84 Rpt: 31/91	Bernal, Diego M. (The Honorable)
4	Date 01/21/2025	5 Payee name Demo's Greek Food
_		
6	Amount (\$) \$42.15	7 Payee address; City; State; Zip Code 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
	2/11/21/01/12	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/25/2025	Edward Mungia Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 27468
		San Antonio, TX 78227
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Campaign Contribution
		Campaign Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/27/2025	Eight Ball Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.03	1432 S. St. Mary's Street
		San Antonio, TX 78210
	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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	onpenditure to beliefft C/OI	·
1		

### 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	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: 27/84 Rpt: 32/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	06/23/2025	Eight Ball Coffee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.41	1432 S. St. Mary's Street
		San Antonio, TX 78210
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
9	expenditure to benefit C/O	
<b>—</b>	Data	David and the second se
	Date	Payee name
	04/14/2025	Eight Ball Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.53	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 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	
_	Data	
	Date	Payee name
	02/03/2025	Eight Ball Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.85	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 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 wiceting
_	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 i dyment	The Instruction Guide explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3	Fil	er ID	(Ethics Commission Filers	)
	Sch: 28/84 Rpt: 33/91	Bernal, Diego M. (The Honorable)			00	070466		
4	Date	5 Payee name		•				
	06/23/2025	Exxon						
6	Amount (\$)	7 Payee address; City; State; Zip Co	de					
	\$58.47	6443 San Pedro Avenue						
		San Antonio, TX 78216						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				_
	OF EXPENDITURE	Travel In District	` '	Check if travel outside	de o	f Texas. Comp	olete Schedule T.	
	EXPENDITURE			Check if Austin, TX,	offic	ceholder living	expense	
				Gas				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght			Office he	eld	
	Date	Payee name						
	06/16/2025	Exxon						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$44.83	6443 San Pedro Avenue						
		San Antonio, TX 78216						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In District		Check if travel outside				
	-			Check if Austin, TX,	offic	ceholder living	expense	
				Oas				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht			Office he	eld	
	expenditure to benefit C/O	•	9			011100 110		
	Date	Davis name						_
	06/13/2025	Payee name Exxon						
			مام					
	Amount (\$) \$54.55	Payee address; City; State; Zip Co	ue					
	Φ04.00	6443 San Pedro Avenue						
		0 - A - A TV 70040						
		San Antonio, TX 78216						
	PURPOSE OF	,	(b)	Description		4.T	alata Cabadula T	
	EXPENDITURE	Travel In District		Check if travel outsion  Check if Austin, TX,				
				Gas		3		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght			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 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 fo	form.		
1	Total pages Schedule F1:	FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 29/84 Rpt: 34/91	Bernal, Diego M. (The Honorable)		00070466	
4	Date	Payee name			
	06/09/2025	Exxon			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$48.45	6443 San Pedro Avenue			
		San Antonio, TX 78216			
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description	ntion		
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·		de of Texas. Com	plete Schedule T.
	EXPENDITURE	Chec	ck if Austin, TX,	officeholder living	j expense
		Gas			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name			
	06/02/2025	Exxon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$53.52	6443 San Pedro Avenue			
		San Antonio, TX 78216			
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descrip	ption		
	OF EXPENDITURE	Travel In District			plete Schedule T.
		Gas	ck if Austin, TX,	officeholder living	g expense
		Gas			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	JIH
	expenditure to benefit C/O	Candidate/Officerolder Harife Office Sought		Office In	Jiu
	Data				
	Date 05/29/2025	Payee name			
		Exxon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$54.67	6443 San Pedro Avenue			
		San Antonio, TX 78216			
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Traver in District		de of Texas. Com officeholder living	plete Schedule T.
		Gas	ok ii Austiii, 17,	omeenoider iiving	у схрензе
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	ood/Beverage Expense Polling Expense bift/Awards/Memorials Expense Printing Expense			Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guid	le explains how	v to compl	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers	)
	Sch: 30/84 Rpt: 35/91	Bernal, Die	ego M. (The Honora	able)				00070466		
4	Date	5 Payee name	2				<u> </u>			
-	04/28/2025	Exxon								
_			Oit ::	04-4 7						
6	Amount (\$)	7 Payee addre		State; Z	.ip Code					
	\$51.73	6443 San	Pedro Avenue							
		San Anton	io, TX 78216							
8	PURPOSE	(a) Category (s	See Categories listed at the t	top of this schedul	e) (b)	Description				
	OF	Travel In D			-,	Check if travel	outs	ide of Texas. Co	mplete Schedule T.	
	EXPENDITURE					Check if Austin	ı, TX	, officeholder livi	ng expense	
						Gas				
9	Complete ONLY if direct		ficeholder name	Offic	e sought			Office I	neld	
	expenditure to benefit C/OI	Н								
_	Date	Payee name	2							_
	03/03/2025	Exxon								
			City	State; Z	in Code					
	Amount (\$)	Payee addre		State, Z	ip Code					
	\$52.18	6443 San I	Pedro Avenue							
		San Anton	io, TX 78216							
	PURPOSE	(a) Category (	See Categories listed at the t	top of this schedul	e) (b)	Description				
	OF EXPENDITURE	Travel In D				Check if travel	outs	ide of Texas. Co	mplete Schedule T.	
	LAI LINDITORE					_	ı, TX	, officeholder livi	ng expense	
						Gas				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Offic	e sought			Office I	neld	
	experiulture to benefit C/Oi	1								
	Date	Payee name	9							
	03/20/2025	Exxon								
	Amount (\$)	Payee addre	ess; City;	State; Z	ip Code					
	\$51.86	1	Pedro Avenue		.,					
	Ψ01.00	0440 0411	- caro / werrae							
			. TV 70040							
		San Anton	io, TX 78216							
	PURPOSE	(a) Category (	See Categories listed at the t	top of this schedul	e) (b)	Description				
	OF EXPENDITURE	Travel In D	istrict						mplete Schedule T.	
							1, IX	, officeholder livi	ng expense	
						Gas				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	experience to beliefft C/OI	1								
	rms provided by Tayas E	thice Commiss	ion was	w othics stat	0 14 110				Version V// 1 0 f10d/	0f-40

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/84 Rpt: 36/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	05/01/2025	Formosa Garden
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.32	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 Austin, TX, officeholder living expense
		Food and Beverage for Meeting
_	Operation ONLY if allowed	One districts (Office healths are seen
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	03/24/2025	Formosa Garden
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.15	1011 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
		Took and Beverage for Weeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/03/2025	Formosa Garden
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.32	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.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
_	Operation ONE VIII II	Open Highest (Office health are nown)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above Credit Card Payment The Instruction Guide explains how to complete this form.	<del>;</del> )
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
Sch: 32/84 Rpt: 37/91         Bernal, Diego M. (The Honorable)         00070466	
4 Date 5 Payee name	
04/22/2025 Fresa's - 9th & Lamar	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$88.77 915 N. Lamar Boulevard	
Austin, TX 78703	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
X Check if Austin, TX, officeholder living expense  Meal	
iviedi	
O Complete ONLY if single Complishes (Office health)	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
onponantaro to sonont oron	
Date Payee name	
06/03/2025 Frost Bank	
Amount (\$) Payee address; City; State; Zip Code	
\$29.95 P.O. Box 1600	
San Antonio, TX 78296	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas Complete Schedule T	
Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Banking Fees	
Danking 1 ccs	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
<u> </u>	
Date Payee name	
06/03/2025 Frost Bank	
Amount (\$) Payee address; City; State; Zip Code	
\$19.95 P.O. Box 1600	
San Antonio, TX 78296	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Fees Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officenoider living expense	
Banking Fees	
Complete ONLY if direct Condidate/Officeholder name Office cought	
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 -Event Expense Fees

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/84 Rpt: 38/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	05/12/2025	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	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.
		Check if Austin, TX, officeholder living expense  Banking Fees
		Daliking Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
_	Date	Dayso nama
	05/05/2025	Payee name Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.95	P.O. Box 1600
	Ψ29.93	F.O. Box 1000
		San Antonia, TV 70206
	DUDDOOF	San Antonio, TX 78296
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Lexas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		Banking Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/05/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.95	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
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

	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: 34/84 Rpt: 39/91	Bernal, Diego M. (The Honorable) 00070466							
4	Date	5 Payee name							
	04/03/2025	Frost Bank							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$29.95	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.							
	LAFLINDITORL	Check if Austin, TX, officeholder living expense							
		Banking Fees							
_	Operation ONE V # discort	Outside to Office health							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	· 								
	Date	Payee name							
	04/03/2025	Frost Bank							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$19.95	P.O. Box 1600							
		San Antonio, TX 78296							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Banking Fees							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
	Date	Payee name							
	03/03/2025	Frost Bank							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$30.15	P.O. Box 1600							
		San Antonio, TX 78296							
	PURPOSE	Tax							
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Banking Fees							
	Complete ONLY if direct	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 -Event Expense Fees

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/84 Rpt: 40/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	03/03/2025	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.95	P.O. Box 1600
		San Antonio, TX 78296
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Banking Fees
		Danking 1 ccs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/OI	
_	Date	Payee name
	02/03/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.39	P.O. Box 1600
	Ψ33.33	1.0. Box 1000
		San Antonio, TX 78296
	DUDDOCE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		Banking Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/03/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.95	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
		Daming 1 000
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 36/84 Rpt: 41/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	02/03/2025	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.57	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
	experialture to benefit C/Oi	
	Date	Payee name
	01/17/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$540.00	P.O. Box 1600
	φο-10.00	1.0. Box 1000
		O A TV 7000
		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
		Dailning Fees
_	Operation ONLY if all part	Overdilate 10ff askedden asses
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	01/03/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.14	P.O. Box 1600
		San Antonio, TX 78296
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Banking Fees
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

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

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

	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: 37/84 Rpt: 42/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	01/03/2025	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.66	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
	expenditure to benefit C/OI	
H	Date	Payee name
	01/03/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.87	P.O. Box 1600
	Φ20.07	P.O. BOX 1000
		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
		Danking 1 000
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
⊨	Date	Power name
	01/22/2025	Payee name GoFundMe
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	855 Jefferson Avenue
		Redwood City, CA 94063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Community Aid Donation
	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

	Contributions/ Donations Made By 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:		rs)
	Sch: 38/84 Rpt: 43/91	Bernal, Diego M. (The Honorable) 00070466	
4	Date	5 Payee name	
L	05/05/2025	Golden Wok	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$38.53	8822 Wurzbach Road	
		San Antonio, TX 78240	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXI ENDITORE	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	
	experiorare to belieff C/Of		
	Date	Payee name	
	04/10/2025	Golden Wok	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$68.29	8822 Wurzbach Road	
		San Antonio, TX 78240	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Food and Beverage for Meeting	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experientale to belieff C/Of	**	
	Date	Payee name	
L	06/30/2025	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	
	-AI LINDITUIL	Check if Austin, TX, officeholder living expense	
		Food and Beverage for Meeting	
	Complete 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  H	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/84 Rpt: 44/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	06/27/2025	Gravves Coffee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.04	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
		1 ood and beverage for weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/Ol	
$\vdash$	Data	Davis same
	Date	Payee name
	06/23/2025	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 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	
_	Data	
	Date	Payee name
	06/11/2025	Gravves Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.88	2106 McCullough Avenue
L		San Antonio, TX 78212
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and Beverage for Meeting
		1 ood and beverage for Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	te this form.
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 40/84 Rpt: 45/91	Bernal, Diego M. (The Honorable)		00070466
4	Date	Payee name		
	06/02/2025	Gravves Coffee		
6	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$16.88	2106 McCullough Avenue		
		San Antonio, TX 78212		
8	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Food and Beverage for Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	experialiture to benefit C/Oi			
	Date	Payee name		
	05/29/2025	Gravves Coffee		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$25.33	2106 McCullough Avenue		
		0 1 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
		San Antonio, TX 78212		
	PURPOSE OF	,	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Food and Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	experientare to benefit Great			
	Date	Payee name		
	05/27/2025	Gravves Coffee		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$17.59	2106 McCullough Avenue		
		Can Antonia TV 70212		
	DUDDOCE	San Antonio, TX 78212	/l- \	
	PURPOSE OF	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	(a)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Food and Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
	Sch: 41/84 Rpt: 46/91	Bernal, Diego M. (The Honorable) 00070466	
4	Date	5 Payee name	
	05/05/2025	Gravves Coffee	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.88	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.	
	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	expenditure to benefit C/O		
_	Data		
	Date 02/24/2025	Payee name Gravves Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.88	2106 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/O	DH	
	Date	Payee name	
	02/03/2025	Gravves Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.33	2106 McCullough Avenue	
		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	
	Operation ONE V. C. P	Our liste 10ff ask all an area of the state	
	Complete ONLY if direct expenditure to benefit C/O	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 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/Officeholder/Political C Credit Card Payment				_egal Services		ing Expe iries/Wag		contract Labor		OTHER (enter	a category not listed a	above)
	Credit Card Payment		,	The Instruction G	iide explains how t	o com	ple	te this form.				
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 42/84 Rpt: 47/91	E	Bernal, Dieg	o M. (The Hond	orable)					00070466		
4	Date	5 F	Payee name						_			
	01/06/2025		Gravves Cof	fee								
6	Amount (\$)	7 F	Payee addres	s; City;	State; Zip	Code	<u>—</u>					
	\$10.04	2	2106 McCull	ough Avenue								
		9	San Antonio	, TX 78212								
8	PURPOSE	├			ne top of this schedule)	(t	b)	Description				
ľ	OF			e Categories listed at ti age Expense	ne top of this schedule)	("	-,		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			.90				Check if Austin	, TX,	officeholder livir	ng expense	
								Food and Be	ver	age for Me	eting	
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	eholder name	Office	sough	nt			Office h	neld	
	experialiture to beliefit C/OI	''										
	Date	F	Payee name									
	06/27/2025	H	Hanzo									
	Amount (\$)	F	Payee addres	s; City;	State; Zip	Code	е					
	\$110.11	7	7701 Broadv	vay								
		9	Suite 124									
		9	San Antonio	, TX 78209								
	PURPOSE	(a) (	Category (See	e Categories listed at t	ne top of this schedule)	(k	b)	Description				
	OF EXPENDITURE	F	Food/Bevera	age Expense				<b>=</b>			mplete Schedule T.	
2/4 2/15/10/42					Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting							
								roou and be	VCI	age for tvie	curig	
_	Complete ONLY if direct	l C	andidate/Offic	eholder name	Office	sough	nt .			Office h	neld	
	expenditure to benefit C/O		andidate/Onic	cholder hame	Office	Sougi				Office i	iciu	
-	Data	Τ,	Davis a name									
	Date 03/10/2025	I	Payee name Harris Count	y Toll Road Au	thority							
		-				Cada						
	Amount (\$) \$17.08	1	Payee addres	s; City; e Place Drive	State; Zip	Code	е					
	Φ17.00	'	TOT MISHII	e Flace Drive								
		Ι.	Haveton TV	77040								
		<del> </del>	Houston, TX			1						
	PURPOSE OF		•	-	ne top of this schedule)	(k	b)	Description  Check if travel	outci	do of Toyas Co	mplete Schedule T.	
	EXPENDITURE		Travel Out o	T DISTRICT				_		officeholder livir		
								 Toll Road Fe	е			
	Complete ONLY if direct		andidate/Offic	eholder name	Office	sough	nt			Office h	neld	
	expenditure to benefit C/O	Н										

#### 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/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction Guide exp		Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission Filers)	_
-	Sch: 43/84 Rpt: 48/91		ego M. (The Honorable)	)			5	00070466	(Lanes Commission Files)	
4	Date	<b>5</b> Payee name	<u> </u>							
	03/18/2025	,	Bros Island Grill							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					$\overline{}$
	\$40.25	427 Lombr	ano Street							
		San Anton	io, TX 78207							
8	PURPOSE OF		See Categories listed at the top of	this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense			므		de of Texas. Comp officeholder living		
						Food and Bev				
						. 000. 00. 20		ago ioi inco	9	
9	Complete ONLY if direct		ficeholder name	Office sou	l ught			Office he	eld	_
	expenditure to benefit C/O	1								
	Date	Payee name	)							
	05/01/2025	Hill Country	y Springs							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					_
	\$84.82	10019 Sou	th I-35 Frontage Road							
		Austin, TX	78747							
	PURPOSE OF		See Categories listed at the top of	this schedule)	(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expense			<b>=</b>		de of Texas. Comp officeholder living		
						Water Deliver				
							•			
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	<u>I</u> ıght			Office he	eld	
	_									_
	Date	Payee name								
	04/01/2025	Hill Country								
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$66.82	10019 Sou	th I-35 Frontage Road							
		Austin, TX	78747							
	PURPOSE	(a) Category (S	See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expense					de of Texas. Com		
						Water Deliver		officeholder living		
						vvalci Delivel	yı	or Capitol O	inoc	
$\vdash$	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	labt			Office he	ald.	_
	expenditure to benefit C/O		nocholuei Haitie	Office SOL	igiil			Onice He	iu	

### 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 c	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 44/84 Rpt: 49/91		Bernal, Diego M. (The Honorable)		00070466
4	Date	5	Payee name		·
	03/03/2025		Hill Country Springs		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$77.81		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 travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
					water Benvery for Eapher Chief
9	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/OI	Н		J	
	Date	Т	Payee name		
	02/03/2025		Hill Country Springs		
	Amount (\$)	╁	Payee address; City; State; Zip C	ode	
	\$5.18		10019 South I-35 Frontage Road		
			ÿ		
			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 Delivery for Capitol Office
	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/OI		Landidate/Officeriolder Hame Office So	ugni	t Office field
_	Date	一	Paves name		
	06/09/2025		Payee name Jersey Mike's Subs		
		⊢		odo	
	Amount (\$) \$122.86		Payee address; City; State; Zip C 999 E. Basse Road	oue	
	Ψ122.00		Suite 178		
		Ļ	San Antonio, TX 78209	14.	N -
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(a)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense		Check if Austin, TX, officeholder living expense
					Food and Beverage for Meeting
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/OI	н			

### 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 comple	ete this form.
1	Total pages Schedule F1: Sch: 45/84 Rpt: 50/91	FILER NAME     Bernal, Diego M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070466
4	Date 01/21/2025	5 Payee name Jersey Mike's Subs	
	Amount (\$) \$31.90	7 Payee address; City; State; Zip Code 999 E. Basse Road Suite 178 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 ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 03/24/2025	Payee name Kura Revolving Sushi Bar	
	Amount (\$) \$42.96	Payee address; City; State; Zip Code 351 E. Basse Road Suite 384 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 02/18/2025	Payee name Ladino	
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 200 E. Grayson Street #100 San Antonio, TX 78215	
	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

### 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: 46/84 Rpt: 51/91	Bernal, Diego M. (The Honorable)	00070466	
4	Date	5 Payee name		
	06/20/2025	Laguna Madre Seafood Company		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$63.11	1227 NE Loop 410		
		San Antonio, TX 78209		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	1 odarbeverage Expense	rel outside of Texas. Complete Schedule T.	
		I	stin, TX, officeholder living expense  Beverage for Meeting	
		T ood and 2	leverage for weeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O		Cindo itala	
_	Date	Payee name		
	01/10/2025	Legislative Study Group		
_	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,030.00	P.O. Box 12943		
	Ψ1,000.00	1.0. Box 12540		
		San Antonio, TX 78711		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	rel outside of Texas. Complete Schedule T.	
	EXPENDITURE	1 003	stin, TX, officeholder living expense	
		Caucus Me	embership Dues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O	H		
	Date	Payee name		
	06/13/2025	Lin Asian Bar + Dim Sum		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$102.60	1203 W. 6th Street		
		Austin, TX 78703		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense	rel outside of Texas. Complete Schedule T.	
	EXPENDITORE	l — .	stin, TX, officeholder living expense	
		Meal		
	Operation ONLY if allowed	Out distance (Office Includes a second	Office hald	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held	

### SCHEDULE F1

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

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: 47/84 Rpt: 52/91		Bernal, Diego M. (The Honorable)		00070466
4	Date	5	Payee name		·
	06/30/2025		Love's Travel Stop		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$31.38		3158 I-10		
			Seguin, TX 78155		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE		Travel Out of District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					Gas
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u> </u>	Office held
	expenditure to benefit C/OI	Н			
	Date	Т	Payee name		
	06/30/2025		Lyft		
	Amount (\$)	$\vdash$	Payee address; City; State; Zip Co	ode	
	\$10.99		185 Berry Street		
			Suite 400		
			San Francisco, CA 94107		
	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  Rideshare Charge
					Nucsiture on any
H	Complete ONLY if direct	(	Candidate/Officeholder name Office sou	<u>l</u> ught	t Office held
	expenditure to benefit C/O	Н			
	Date	Т	Payee name		
	05/29/2025		Lyft		
	Amount (\$)	十	Payee address; City; State; Zip Co	ode	
	\$115.80		185 Berry Street		
			Suite 400		
			San Francisco, CA 94107		
	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  Rideshare Charge
					Naconare onarge
	Complete ONLY if direct	Щ	Candidate/Officeholder name Office sou	 uaht	Office held
	expenditure to benefit C/O			5	

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/84 Rpt: 53/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	05/27/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.83	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Rideshare Charge
		Tridochia o Chargo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/21/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.53	185 Berry Street
l	,	Suite 400
l		San Francisco, CA 94107
┝	PURPOSE	
l	OF	(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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rideshare Charge
L	2 2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/25/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.99	185 Berry Street
		Suite 400
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if top yellow it is to be a factor of the schedule of Taylor Complete Schedule Taylor in the schedule of Taylor Complete Schedule Taylor in the schedule of the schedule of Taylor in the sch
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Rideshare Charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
ı		

### 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 Gitt/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: 49/84 Rpt: 54/91	Bernal, Diego M. (The Honorable) 00070466	
4	Date	5 Payee name	_
	04/25/2025	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$20.38	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Rideshare Charge	
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
	Date	Payee name	_
	03/19/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$162.98	185 Berry Street	
	Ψ102.90	Suite 400	
		San Francisco, CA 94107	
	PURPOSE OF	(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.	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Rideshare Charge	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
	Date	Payee name	
	03/13/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$14.88	185 Berry Street	
		Suite 400	
		San Francisco, CA 94107	
	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.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Rideshare Charge	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
			_

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 50/84 Rpt: 55/91	Bernal, Diego M. (The Honorable) 00070466		
4	Date	5 Payee name		
	04/28/2025	Maar's Pizza & More		
6	Amount (\$) \$30.67	7 Payee address; City; State; Zip Code 14218 Nacogdoches Road		
	Ψ30.07	14210 Nacoguoches Roau		
		San Antonio, TX 78247		
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.		
	LXI LINDITORE	Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting		
		1 ood and Develage for Meeting		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/02/2025	Maple Leaf Diner		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$76.24	12817 Preston Road		
		#129		
		Dallas, TX 75230		
	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/OI	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/Oi			
	Date	Payee name		
	06/30/2025	Max & Louie's New York Diner		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$74.97	226 W. Bitters Road		
		Suite 126		
	PURPOSE	San Antonio, TX 78216		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Food and Beverage for Meeting		
	0 1: 0:::::::::::::::::::::::::::::::::			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula E4	
1	Total pages Schedule F1: Sch: 51/84 Rpt: 56/91	2 FILER NAME Bernal, Diego M. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00070466
4	Date	5 Payee name
	04/07/2025	Max & Louie's New York Diner
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$87.96	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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
		and the second s
9	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	03/24/2025	Max & Louie's New York Diner
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.77	226 W. Bitters Road
	4.5	Suite 126
		San Antonio, TX 78216
	DUDDOCE	
	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 expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/24/2025	Max & Louie's New York Diner
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.36	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.
	EXI ENDITORE	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 52/84 Rpt: 57/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	01/13/2025	Michaels
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.24	225 E. Basse
		Suite 120
		San Antonio, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Frames for District Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/10/2025	Mike Villarreal Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1140 S. Laredo Street
		San Antonio, TX 78204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/24/2025	Murphy USA
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.35	8526 Jones Maltsberger Road
		San Antonio, TX 78216
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/OI	1

### 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: 53/84 Rpt: 58/91	Bernal, Diego M. (The Honorable) 00070466	
4	Date	5 Payee name	
	01/21/2025	NoFi slow bar	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$48.14	819 Fredericksburg Road	
		San Antonio, TX 78201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting	
		1 ood and beverage for weeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
<u> </u>	<u> </u>		
	Date	Payee name	
	04/28/2025	Oblate Caf	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$124.49	904 Oblate Drive	
		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	
		Tacos for Volunteers - Fiesta Medal Food Drive	
		Table for Volumeste Thouath and Enve	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
$\vdash$	Date	Dougo nama	
	05/29/2025	Payee name	
		P. Terry's Burger Stand	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.44	3302 Broadway	
L		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	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/84 Rpt: 59/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	01/06/2025	P. Terry's Burger Stand
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.96	3302 Broadway
		San Antonio, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to borione Gro	
	Date	Payee name
	03/31/2025	Pancake Joe's
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.62	6703 Ingram Road
		San Antonio, TX 78238
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date 06/23/2025	Payee name
		Pappadeaux Seafood Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$151.38	76 NE Loop 410
		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
		. Sou and Borolago lot mooning
	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 comple	ete this form.
1	Total pages Schedule F1: Sch: 55/84 Rpt: 60/91	2 FILER NAME Bernal, Diego M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070466
4	Date 05/05/2025	5 Payee name Pappadeaux Seafood Kitchen	
6	Amount (\$) \$188.75	<b>7</b> Payee address; City; State; Zip Code 76 NE Loop 410	
		San Antonio, TX 78216	
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 ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 01/13/2025	Payee name Patty's Taco House #1	
	Amount (\$) \$30.07	Payee address; City; State; Zip Code 2422 S. Hackberry Street	
		San Antonio, TX 78210	
	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/Oh	Candidate/Officeholder name Office sought	Office held
	Date 06/02/2025	Payee name Phoebe's Downtown	
	Amount (\$) \$124.68	Payee address; City; State; Zip Code 408 W. 11th Street	
		Austin, TX 78701	
	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  Meal
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

Eveni Expense Loan K Fees Office ( Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing Legal Services Salarie:

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:			3 Filer ID (Ethics Commission Filers)	
	Sch: 56/84 Rpt: 61/91	Bernal, Diego M. (The Honorable)		00070466	
4	Date	5 Payee name			
	02/07/2025	Pumpers			
6	Amount (\$)	7 Payee address; City; State; Zip Code	е		
	\$69.90	1101 Broadway			
		San Antonio, TX 78215			
8	PURPOSE OF	,	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 sough	ht	Office held	
	expenditure to benefit C/O	1			
	Date	Payee name			
	06/27/2025	QuikTrip			
	Amount (\$)	Payee address; City; State; Zip Code	е		
	\$52.80	7203 San Pedro Avenue			
		San Antonio, TX 78216			
	PURPOSE		b)	Description	
	OF	Travel In District		Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE			Check if Austin, TX, officeholder living expense	
				Gas	
_	Commists ONII V if direct	Candidate/Officeholder name Office soud	la 4	Office hold	
	Complete ONLY if direct expenditure to benefit C/Ol	- · · · · · · · · · · · · · · · · · · ·	nι	Office held	
	<u> </u>				
	Date	Payee name			
	05/27/2025	QuikTrip			
	Amount (\$)	Payee address; City; State; Zip Code	е		
	\$34.38	7203 San Pedro Avenue			
		0 - 1 - 1 - TV 70010			
		San Antonio, TX 78216			
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	b)	Description	
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
				Gas	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held	
	expenditure to benefit C/O	1			
Γ					

### 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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	·	s)				
	Sch: 57/84 Rpt: 62/91	Bernal, Diego M. (The Honorable) 00070466	,				
4	Date	5 Payee name					
	05/07/2025	QuikTrip					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
l	\$49.30	18279 I-35 N					
l							
		Schertz, TX 78154					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
	LXI LINDITORE	Check if Austin, TX, officeholder living expense					
		Gas					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
⊨	Date	Davies warms					
	06/02/2025	Payee name Ramen Tatsu-Ya					
L							
	Amount (\$)	Payee address; City; State; Zip Code					
	\$110.70	1600 E. 6th Street					
L		Austin, TX 78702					
	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					
		Meal					
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	H					
	Date	Payee name					
	02/10/2025	Rosario's ComidaMex & Bar					
Н	Amount (\$)	Payee address; City; State; Zip Code					
	\$28.74	722 S. St. Mary's Street					
		San Antonio, TX 78205					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense					
l	LAFENDITORE	Check if Austin, TX, officeholder living expense					
		Food and Beverage for Meeting					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
$\vdash$							

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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: 58/84 Rpt: 63/91	2 FILER NAME Bernal, Diego M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00070466	
4	Date 04/21/2025	5 Payee name SINGHS Vietnamese	
6	Amount (\$) \$80.87	7 Payee address; City; State; Zip Code 2803 N. St. Mary's Street	
		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	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 02/03/2025	Payee name SINGHS Vietnamese	
	Amount (\$) \$99.93	Payee address; City; State; Zip Code 2803 N. St. Mary's Street	
		San Antonio, TX 78212	
	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/O	Candidate/Officeholder name Office sought Office held	
	Date 01/31/2025	Payee name San Antonio Gold	
	Amount (\$) \$6.90	Payee address; City; State; Zip Code 1913 S. Flores Street #A San Antonio, TX 78204	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and Beverage for Meeting	
	Complete ONLY if direct expenditure to benefit C/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 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: 59/84 Rpt: 64/91	FILER NAME     Bernal, Diego M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070466			
4	Date 06/23/2025	5 Payee name Sawasdee Thai Cuisine				
6	Amount (\$) \$63.38	7 Payee address; City; State; Zip Code 6407 Blanco Road				
8	PURPOSE OF EXPENDITURE	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense everage for Meeting			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date 03/31/2025	Payee name Sawasdee Thai Cuisine				
	Amount (\$) \$74.09	Payee address; City; State; Zip Code 6407 Blanco Road 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 trave	I outside of Texas. Complete Schedule T. n, TX, officeholder living expense everage for Meeting			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date 02/18/2025	Payee name Sawasdee Thai Cuisine				
	Amount (\$) \$47.26	Payee address; City; State; Zip Code 6407 Blanco Road				
		San Antonio, TX 78216				
	PURPOSE OF EXPENDITURE	Check if Austi	I outside of Texas. Complete Schedule T. n, TX, officeholder living expense everage for Meeting			
	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 Cor 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		sted above)
_	Tatal as a second of Education Education	· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1: Sch: 60/84 Rpt: 65/91		nmission Filers)
4	Date	5 Payee name	
	05/27/2025	Sawyer and Co.	
6	Amount (\$) \$74.79	7 Payee address; City; State; Zip Code 4827 E. Cesar Chavez Street  Austin, TX 78702	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule	Т.
	EXPENDITURE	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 DH	
	Date	Payee name	
	04/04/2025	Shell	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.67	2250 E. Ben White Boulevard	
		Austin, TX 78741	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule    Check if travel outside of Texas. Complete Schedule   X   Check if Austin, TX, officeholder living expense	Т.
		X Check if Austin, TX, officeholder living expense  Gas	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	04/14/2025	Snooze, an A.M. Eatery	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$104.38	255 E. Basse Road	
		Unit #160	
		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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Food and Beverage for Meeting	
	Commission ONU Wife allows	Condidate (Office helder name	
	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

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: 61/84 Rpt: 66/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	01/17/2025	Speedy Stop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.10	5065 Royston Road
		Buda, TX 78610
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gus
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/21/2025	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.59	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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Website Hosting
	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
	02/18/2025	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.59	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   Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Website Hosting
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide explai		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI	 E				3	Filer ID	(Ethics Commission Filers)	Π
	Sch: 62/84 Rpt: 67/91	l	go M. (The Honorable)					00070466		
4	Date 5 Payee name									
	03/18/2025	Squarespa	се							
6	Amount (\$)	<b>7</b> Payee addre	ess; City; Sta	ate; Zip Co	ode					
	\$15.59	225 Varick	Street							
		12th Floor								
		New York,	NY 10014							
8	PURPOSE	(a) Category (S	See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	rhead/Rental Expense					de of Texas. Com		
						Website Host		officeholder living	expense	
						website Hosi	ung	J		
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ald.	_
Ĺ	expenditure to benefit C/OI		isomoleci mame		·g···					
	Date	Payee name								
	04/18/2025	Squarespa	ce							
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	ode					
	\$18.19	225 Varick	Street							
		12th Floor								
		New York,	NY 10014							
	PURPOSE	(a) Category (S	See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	rhead/Rental Expense			<b>=</b>		de of Texas. Com		
						Website Host		officeholder living	expense	
						Website Hosi	ung	,		
	Complete ONLY if direct expenditure to benefit C/O		ïceholder name	Office sou	l Ight			Office he	eld	
	experialitire to beliefit C/O	1								
	Date	Payee name								
	05/27/2025	Squarespa	ce							
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	ode					
	\$18.19	225 Varick	Street							
		12th Floor								
		New York,	NY 10014							
	PURPOSE	(a) Category (S	See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	rhead/Rental Expense					de of Texas. Com		
						_		officeholder living	expense	
						Website Host	ung	J		
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l laht			Office he	eld	_
	expenditure to benefit C/O			230 550	.g			211100 110	·· <del>·</del>	
										_
ı										

### 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 Lenal 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:	<u> </u>
	Sch: 63/84 Rpt: 68/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	06/06/2025	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.00	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  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Website Hosting
		Trosonto Frostang
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/18/2025	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.19	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 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website Hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/28/2025	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.65	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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Coffee for Volunteers - Fiesta Medal Food Drive
	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 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	
<b>4 -</b>	
1 Total pages Schedule F1:	
Sch: 64/84 Rpt: 69/91	Bernal, Diego M. (The Honorable) 00070466
4 Date	5 Payee name
02/20/2025	Sun Coast Food Mart
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$51.94	6614 San Pedro Avenue
Ψ01.54	552 . 53.1 . 53.6 / Worldo
	Com Antonia TV 70010
	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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/Of	•
Date	Payee name
05/28/2025	Surgo Automotive
Amount (\$)	Payee address; City; State; Zip Code
\$616.98	6446 San Pedro Avenue
+525.00	
	Can Antonia TV 70216
	San Antonio, TX 78216
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	Expense Check if Austin, TX, officeholder living expense  Vehicle Maintenance
	venicle mantenance
Complete ONLY !! -!!	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
04/30/2025	Surgo Automotive
Amount (\$)	Payee address; City; State; Zip Code
\$84.09	6446 San Pedro Avenue
	San Antonio, TX 78216
DUDDOCE	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Vehicle Maintenance
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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Cor		Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
L	Sch: 65/84 Rpt: 70/91		Bernal, Dieg	go M. (The Hond	orable)					00070466		
4	Date	5	Payee name									
	01/07/2025		Surgo Autor	motive								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					_
	\$83.50		6446 San P	edro Avenue								
			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	` '		ion Equipment A			``	_ ·	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense					_		officeholder living	expense	
								Vehicle Main	ten	ance		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	C	Office sou	ught			Office he	eld	
	experience to belieff C/Of	_										
	Date		Payee name									
	06/24/2025		T-Mobile									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$132.83		12920 SE 3	8th Street								
			Bellevue, W	'A 98006								
	PURPOSE	(a)		ee Categories listed at th	ne ton of this scho	edule)	(b)	Description				
	OF	<u> </u>		head/Rental Exp		Jaure)	l ,	_ :	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE				-			_		officeholder living	expense	
								Cell Phone P	ayr	ment		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	C	Office sou	ught			Office he	eld	
L	experience to belieff C/Of	_										
	Date	_	Payee name									
	05/19/2025		T-Mobile									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$127.83		12920 SE 3	8th Street								
			Bellevue, W	/A 98006								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sch	edule)	(b)	Description				_
	OF EXPENDITURE			head/Rental Exp				Check if travel		de of Texas. Com		
	EVI FIADLIONE									officeholder living	expense	
								Cell Phone P	ayr	nent		
	Operation ONE VIII II	L_				vec:				0‴ :	.1.1	
	Complete ONLY if direct expenditure to benefit C/OH		Landidate/Offi	ceholder name	C	Office sou	ugnt			Office he	eia	

### 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	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 66/84 Rpt: 71/91	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	
	04/14/2025	T-Mobile	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$127.83	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	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l			Cell Phone Payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
F	Date	Payee name	
	03/14/2025	T-Mobile	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$127.83	12920 SE 38th Street	
		Bellevue, WA 98006	
⊢	PURPOSE		Description
l	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	·	Check if Austin, TX, officeholder living expense
			Cell Phone Payment
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/Ol	•	Office field
⊨	D-1-		
	Date 02/14/2025	Payee name T-Mobile	
L			
l	Amount (\$) \$87.41	Payee address; City; State; Zip Code 12920 SE 38th Street	
	φο1.41	12920 SE 3011 Street	
		Pollovuo MA 09006	
L	DUDDOOT.	Bellevue, WA 98006	
l	PURPOSE OF	2 ( ( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
			Cell Phone Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/Ol	<del></del>	

### 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: 67/84 Rpt: 72/91	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	
	01/28/2025	T-Mobile	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$102.82	12920 SE 38th Street	
		Bellevue, WA 98006	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Childe C Volineau/ Kontai Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
			e Payment
			,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	01/28/2025	T-Mobile	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$99.00	12920 SE 38th Street	
		Bellevue, WA 98006	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	onice Overnead/Nerital Expense	avel outside of Texas. Complete Schedule T.
		,	ustin, TX, officeholder living expense e Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/14/2025	T-Mobile	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$127.83	12920 SE 38th Street	
		Bellevue, WA 98006	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overnead/Nerital Expense	avel outside of Texas. Complete Schedule T.
		,	ustin, TX, officeholder living expense  e Payment
		Gen i non	o . ajmoni
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
1			

#### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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: 68/84 Rpt: 73/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	06/30/2025	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 travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		1 ood and beverage for weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dove name
		Payee name Tagueria Changla Jalisea
	06/23/2025	Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.09	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	
_	Date	Davida dama
	06/16/2025	Payee name Tagueria Changla Jalisea
		Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.51	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 infecting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

#### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 69/84 Rpt: 74/91	Bernal, Diego M. (The Honorable) 00070466				
4	Date	5 Payee name				
	06/09/2025	Taqueria Chapala Jalisco				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$42.00	1902 McCullough Avenue				
		San Antonio, TX 78212				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Food and Beverage for Meeting				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	06/02/2025	Taqueria Chapala Jalisco				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$24.50	1902 McCullough Avenue				
		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				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experience to benefit Gree					
	Date	Payee name				
	05/19/2025	Taqueria Chapala Jalisco				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$4.13	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				
	LAFENDITORE	Check if Austin, TX, officeholder living expense				
		Food and Beverage for Meeting				
	O-market Chilly "	Open Middle (Office Included and American Conference on the Confer				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
<u> </u>						

### SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	pense pense xpens /ages	e /Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 70/84 Rpt: 75/91		Bernal, Diego M. (The Honorable)					00070466	
4	Date	5	Payee name						
	05/19/2025		Taqueria Chapala Jalisco						
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de				
	\$27.46		1902 McCullough Avenue						
			San Antonio, TX 78212						
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Expense	ŕ				de of Texas. Compl	
	EXI ENDITORE					<b>—</b>		officeholder living	
						Food and Be	ver	age for Meeti	ng
_	Complete ONII V Stalling at	<u> </u>	andidata/Office halder as a series	Office	ء ادا			O#:  -	d
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	gnı			Office hel	u
	Date		Payee name						
	05/05/2025		Taqueria Chapala Jalisco						
	Amount (\$)		Payee address; City; State	e; Zip Co	de				
\$30.12			1902 McCullough Avenue						
			San Antonio, TX 78212						
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE	ı	Food/Beverage Expense	,		Check if travel	outsi	de of Texas. Compl	ete Schedule T.
	EXPENDITORE					ш		officeholder living	
						Food and Be	ver	age for Meeti	ng
	Complete ONLY if direct	<u> </u>	andidate/Officeholder name	Office sou	aht			Office hel	d
	expenditure to benefit C/O		andidate/Officeriolder flame	Office Sou	gni			Office fier	u
	Data	_							
	Date 05/01/2025	ı	Payee name Taqueria Chapala Jalisco						
		_	<u> </u>	7: 0					
	Amount (\$)	ı	, ,,	e; Zip Co	ae				
	\$27.51		1902 McCullough Avenue						
			San Antonio, TX 78212						
	PURPOSE				/h\	Descripti			
	OF		Category (See Categories listed at the top of this so Food/Beverage Expense	chedule)	(n)	Description  Check if travel	outsi	de of Texas. Compl	ete Schedule T.
	EXPENDITURE		Food/beverage Expense					officeholder living	
						Food and Be	ver	age for Meeti	ng
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ght			Office hel	d
	expenditure to benefit C/O	<b>-1</b>							
					· <u></u>				
									\/: \/

#### 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

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

	Credit Card Payment		The Instruction Guide ex	plains how to co	mple	ete this form.		
1	Total pages Schedule F1:	2	FILER NAME			3 File	er ID	(Ethics Commission Filers)
	Sch: 71/84 Rpt: 76/91		Bernal, Diego M. (The Honorable	<del>!</del> )		00	070466	
4	Date	5	Payee name			•		
	04/21/2025		Taqueria Chapala Jalisco					
6	Amount (\$)	7	Payee address; City;	State; Zip Co	de			
	\$54.83		1902 McCullough Avenue					
			San Antonio, TX 78212					
8	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense			Check if travel outside of Check if Austin, TX, office		
						Food and Beverage		
								9
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Н						
	Date	Π	Payee name					
	04/14/2025		Taqueria Chapala Jalisco					
	Amount (\$)	$\vdash$	Payee address; City;	State; Zip Co	de			
	\$28.51		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 Check if Austin, TX, office		
						Food and Beverage		
								. J
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office he	eld
	expenditure to benefit C/O	Н						
	Date	T	Payee name					
	03/31/2025		Taqueria Chapala Jalisco					
	Amount (\$)	T	Payee address; City;	State; Zip Co	de			
	\$50.70		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		
						Check if Austin, TX, office Food and Beverage		
						r ood and Bovorage	7 101 111001	9
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office he	eld
	expenditure to benefit C/O	Н						
ı								

#### 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/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: 72/84 Rpt: 77/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	03/24/2025	Taqueria Chapala Jalisco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.74	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
		Toda and Bovorage for mooting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/10/2025	Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.08	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 Meeting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/10/2025	Taqueria Chapala Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.07	1902 McCullough Avenue
	,	
		San Antonio, TX 78212
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
l		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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: 73/84 Rpt: 78/91	Bernal, Diego M. (The Honorable) 00070466	
4	Date	5 Payee name	
	01/23/2025	Taqueria Chapala Jalisco	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$28.12	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	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
<b>–</b>	Date	Payee name	=
	01/16/2025	Taqueria Chapala Jalisco	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$48.76	1902 McCullough Avenue	
	<b>\$10.110</b>	1002 Modulough / 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	
		Pood and beverage for infecting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
-	Date	Payee name	=
	01/09/2025	Taqueria Chapala Jalisco	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$40.68	1902 McCullough Avenue	
	Ψ+0.00	2002 Modulough / 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.	
	EXI ENDITORE	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 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/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: 74/84 Rpt: 79/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	01/06/2025	Taqueria Chapala Jalisco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.39	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	Davies warms
	05/27/2025	Payee name Tecovas
	Amount (\$)	Payee address; City; State; Zip Code
	\$535.84	1500 S. Congress Avenue
	!	
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	!	Chairman Gift
	!	Shannar Sh
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
┝	Data	
	Date 06/02/2025	Payee name Texaco
		10.000
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.91	1185 I-35 N
		New Braunfels, TX 78130
	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  Beverage
		Beverage
_	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

	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: 75/84 Rpt: 80/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	04/14/2025	The Cove
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.80	606 W. Cypress Street
		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
		Took and Bovorago for Modaling
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/14/2025	The Cove
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.26	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 Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Operation ONLY if allowed	One districts (Office healths are seen
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/07/2025	The Dakota East Side Ice House
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.42	433 S. Hackberry Street
		San Antonio, TX 78203
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
	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)
ense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 76/84 Rpt: 81/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	05/19/2025	The Magnolia Pancake Haus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.17	10333 Huebner Road
		San Antonio, TX 78240
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/26/2025	The Station Caf
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.73	108 King William Street
		<b>3</b>
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	Data	Para and a second
	Date 06/12/2025	Payee name The Station Caf
	Amount (\$) \$52.93	Payee address; City; State; Zip Code 108 King William Street
	Ψ32.93	100 King William Street
		San Antonio, TX 78205
	DUDDOCE	
	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/Ol	1

#### SCHEDULE F1

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

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

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

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

		The instruction dulae explains now to comple	ete tilis iorili.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 77/84 Rpt: 82/91	Bernal, Diego M. (The Honorable)	00070466
4	Date	5 Payee name	
	02/25/2025	The Station Caf	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.99	108 King William Street	
		San Antonio, TX 78205	
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
			rood and beverage for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Office field
⊨	Data		
	Date 02/18/2025	Payee name The Station Caf	
L			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$48.59	108 King William Street	
		0 - A - A - A - A - A - A - A - A - A -	
L		San Antonio, TX 78205	
	PURPOSE OF	, ,	Description  Chask if traval subside of Tourse Complete Schoolule 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
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
Г	Date	Payee name	
	02/03/2025	The Station Caf	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.22	108 King William Street	
		San Antonio, TX 78205	
H	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.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Food and Beverage for Meeting
$\vdash$	Complete CNUV''.	Condidate/Officeholds	O# b-14
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
dash			
ı			

#### SCHEDULE F1

(Ethics Commission Filers)

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment		The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2	FILER NAME	3	Filer ID
	Sch: 78/8/1 Pnt: 83/01		Remal Diego M (The Honorable)	ı	00070

	Sch: 78/84 Rpt: 83/91	Bernal, Diego M. (The Honorable)		00070466
4	Date	5 Payee name		·
	06/18/2025	The Wicked Wich		
6	Amount (\$) \$38.48	<ul><li>7 Payee address; City; State; Zip Code</li><li>825 Fredericksburg Road</li></ul>	e	
		San Antonio, TX 78212		
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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht	Office held
	Date 06/05/2025	Payee name The Wicked Wich		
	Amount (\$) \$66.00	Payee address; City; State; Zip Code 825 Fredericksburg Road	e	
		San Antonio, TX 78212		
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	ht	Office held
	Date 04/28/2025	Payee name The Wicked Wich		
	Amount (\$) \$69.54	Payee address; City; State; Zip Code 825 Fredericksburg Road	е	
		San Antonio, TX 78212		
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	ht	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: 79/84 Rpt: 84/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	01/28/2025	The Wicked Wich
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.00	825 Fredericksburg Road
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Beverage for Meeting
		1 ood and beverage for weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	Davis same
	Date	Payee name
	01/06/2025	The Wicked Wich
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.00	825 Fredericksburg Road
		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	
-	Date	Payee name
	01/13/2025	Payee name Tribute Flowers
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.21	2501 Parmenter Street
		Suite 300A
		Middleton, WI 53562
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Funeral Flowers
		, and an inverse
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 EILED NAME	3 Filer ID (Ethics Commission Filers)
1	Sch: 80/84 Rpt: 85/91	Bernal, Diego M. (The Honorable)	00070466 (Ethics Continussion Filers)
4	Date 06/30/2025	5 Payee name Uber Eats	
6	Amount (\$) \$10.29	7 Payee address; City; State; Zip Code 1455 Market Street Suite 400 San Francisco, CA 94103	
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense verage for Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/30/2025	Uber Eats	
	Amount (\$) \$60.32	Payee address; City; State; Zip Code  1455 Market Street  Suite 400  San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. . TX, officeholder living expense verage for Meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/10/2025	Payee name Uber Eats	
	Amount (\$) \$73.51	Payee address; City; State; Zip Code 1455 Market Street Suite 400 San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense verage for Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 81/84 Rpt: 86/91	Bernal, Diego M. (The Honorable) 00070466
4	Date	5 Payee name
	02/26/2025	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.57	1455 Market Street
		Suite 400
		San Francisco, CA 94103
_		
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
		Tool and Developed to Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/26/2025	United States Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	475 L'Enfant Plaza SW
	Ψ10.00	470 E Emait Fidea GVV
		Washington, DC 20260
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		PO Box Rental
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
	Date	Payee name
	03/17/2025	United States Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	475 L'Enfant Plaza SW
		Washington, DC 20260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		PO Box Rental
	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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	
1	Total pages Schedule F1: Sch: 82/84 Rpt: 87/91	2 FILER NAME Bernal, Diego M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070466
4	Date 06/23/2025	Payee name     Wingstop	
6	Amount (\$) \$87.00	7 Payee address; City; State; Zip Code 7049 San Pedro Avenue San Antonio, TX 78216	
8	PURPOSE OF EXPENDITURE	Check if A	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense Beverage for Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 05/19/2025	Payee name Wingstop	
	Amount (\$) \$38.00	Payee address; City; State; Zip Code 7049 San Pedro Avenue San Antonio, TX 78216	
	PURPOSE OF EXPENDITURE	Check if A	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense I Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/02/2025	Payee name Wu Chow	
	Amount (\$) \$162.31	Payee address; City; State; Zip Code 500 W. 5th Street Suite 168 Austin, TX 78701	
	PURPOSE OF EXPENDITURE	Check if A	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense I Beverage for Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 T	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	$\neg$
	Sch: 83/84 Rpt: 88/91	Bernal, Diego M. (The Honorable) 00070466	
<b>4</b> C	Date	5 Payee name	
C	01/15/2025	Wu Chow	
6 A	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$142.88	500 W. 5th Street	
		Suite 168	
		Austin, TX 78701	
8	PURPOSE		_
0	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	
е	expenditure to benefit C/OI	4	
	Date	Payee name	_
C	05/06/2025	Zoom	
	Amount (\$)	Payee address; City; State; Zip Code	_
·	\$17.07	55 Almaden Boulevard	
	Ψ±1.15.	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	
		Thinking Samuel Sassanpasi.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	$\dashv$
	expenditure to benefit C/O	<b>y</b>	
<b>-</b>			_
	Date	Payee name	
	04/07/2025	Zoom	
Α	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.07	55 Almaden Boulevard	
		6th Floor	
		San Jose, CA 95113	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Т
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Virtual Meeting Software Subscription	
			_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Apenditure to benefit 6/61		

#### SCHEDULE F1

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

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

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

	Credit Card Payment		The Instruction Guid	de explains how to co	ompl	lete this form.			
1	Total pages Schedule F1:	2 FILER N	NAME			3	3	Filer ID	(Ethics Commission File
	Sch: 84/84 Rpt: 89/91	Bernal,	, Diego M. (The Honor	able)				00070466	
4	Date	<b>5</b> Payee r	name			•			
	03/06/2025	Zoom							
6	Amount (\$)	7 Payee a	address; City;	State; Zip C	ode				
	\$17.07	55 Alm	naden Boulevard						
		6th Flo	or						
		San Jo	se, CA 95113						
8	PURPOSE	(a) Categor	ry (See Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE		Overhead/Rental Expe			Check if travel ou			
						Check if Austin, T			
						virtual ivieeting	<i>y</i>	ontware Su	bachpilon
9	Complete ONLY if direct	Candidate	e/Officeholder name	Office so	uaht			Office he	-id
-	expenditure to benefit C/O	- and a	z. zst.isider ridirie	3 moc 301	y - 11			5oc 110	
	Date	Payee r	2000						
	02/06/2025	Zoom	iaille						
	Amount (\$)		address; City;	State; Zip C	odo				
	\$17.07	•	naden Boulevard	State, Zip C	oue				
	Ψ17.07	6th Flo							
			ose, CA 95113		La v				
	PURPOSE OF		(See Categories listed at the		(b)	Description  Check if travel ou	ıtsir	le of Texas Com	nlete Schedule T
	EXPENDITURE	Office	Overhead/Rental Expe	ense		Check if Austin, T			
						Virtual Meeting	g S	Software Su	bscription
	Complete ONLY if direct	Candidat	e/Officeholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O								
	Date	Payee r	name						
	01/06/2025	Zoom							
	Amount (\$)	Payee a	address; City;	State; Zip C	ode				
	\$17.07	55 Alm	aden Boulevard						
		6th Flo	or						
		San Jo	se, CA 95113						
	PURPOSE	(a) Categor	ry (See Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE		Overhead/Rental Expe		``	Check if travel ou			
	EXPENDITORE					Check if Austin, T			
						Virtual Meeting	g S	soπware Su	oscription
	Complete ONII V if allow	Com-lini	o lOffice lead ou verse	O#:				Off: 1	S.I.al
	Complete ONLY if direct expenditure to benefit C/O	Candidate	e/Officeholder name	Office so	ugnt			Office he	eiu

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

#### SCHEDULE K

	The Instruction Guide explains how to complete this form.  Sch: 1/2					pages Schedule K: 1/2 Rpt: 90/91	
2	FILER NAME					D (Ethics Commission F	ilers)
	Bernal, Dieg	ego M. (The Honorable)			0007	0466	
4	Date	5	Name of person from whom amount is received			8 Amount (\$)	
	06/11/2025	<u> </u>	Frost Bank				\$0.63
		6	Address of person from whom amount is received; City; State; Zip Code				
			San Antonio, TX 78296				
		7	Purpose for which amount is received Check	if politi	cal con	tribution returned to filer	
			Interest on Bank Account				
_	Date	$\vdash$	Name of person from whom amount is received			Amount (\$)	
	05/12/2025		Frost Bank			Απουπ (Φ)	\$0.87
	00,12,2020	ļ	Address of person from whom amount is received; City; State; Zip Code				40.0.
			Address of person from whom amount is received. City, State, 21p Code				
			San Antonio, TX 78296				
			Purpose for which amount is received Check	if politi	cal con	tribution returned to filer	
			Interest on Bank Account				
	Date	İ	Name of person from whom amount is received			Amount (\$)	
	04/10/2025		Frost Bank			, ,	\$0.88
		ļ	Address of person from whom amount is received; City; State; Zip Code			"	
			San Antonio, TX 78296				
			<del></del>	if politi	cal con	tribution returned to filer	
			Interest on Bank Account				
	Date		Name of person from whom amount is received			Amount (\$)	
	03/12/2025	<u> </u>	Frost Bank			.]	\$1.04
			Address of person from whom amount is received; City; State; Zip Code				
			San Antonio, TX 78296				
		H	_	if politi	cal con	I tribution returned to filer	
			Interest on Bank Account				
	Date	$\frac{L}{L}$	Name of person from whom amount is received			Amount (\$)	
	02/12/2025		Frost Bank			(+)	\$1.23
		ļ	Address of person from whom amount is received; City; State; Zip Code				
			San Antonio, TX 78296				
			Purpose for which amount is received	if politi	cal con	tribution returned to filer	
			Interest on Bank Account				

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

#### SCHEDULE K

	The Instru	ages Schedule K: /2 Rpt: 91/91				
2	FILER NAME		iler ID	(Ethics Commission F	-ilers)	
	Bernal, Dieg	o M. (The Honorable)	0070	466		
4	Date	5 Name of person from whom amount is received	<u> </u>		8 Amount (\$)	
ľ	01/13/2025	Frost Bank			y unount (¢)	\$1.47
	01/13/2023					Ψ1.41
		6 Address of person from whom amount is received; City; State; Zip Code				
		San Antonio, TX 78296				
			olitica	ıl contr	ibution returned to filer	
L		Interest on Bank Account				
Г	Date	Name of person from whom amount is received			Amount (\$)	
	05/29/2025	James Frank Campaign				\$40.00
		Address of person from whom amount is received; City; State; Zip Code				
		, , , , , , , , , , , , , , , , , , ,				
		Wichita Falls, TX 76302				
			olitica	l contr	ibution returned to filer	
		Reimbursement for Chairman Committee Gift	0111100		ibation rotained to mor	
⊨						
	Date	Name of person from whom amount is received			Amount (\$)	
	05/29/2025	Terri Leo Wilson Campaign				\$38.27
		Address of person from whom amount is received; City; State; Zip Code				
		Galveston, TX 77554				
		<u> </u>	olitica	ıl contr	ibution returned to filer	
		Reimbursement for Chairman Committee Gift				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/29/2025	Trent Ashby Campaign				\$38.27
		Address of person from whom amount is received; City; State; Zip Code				
		Lufkin, TX 75902				
		Purpose for which amount is received Check if po	olitica	ıl contr	ibution returned to filer	
		Reimbursement for Chairman Committee Gift				
┝						