

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00089940	<b>2</b> Total pages filed: 15								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 25%;">MS / MRS / MR Mrs.</td> <td style="width: 25%;">FIRST Diana M.</td> <td style="width: 25%;">MI MI</td> </tr> </table>		MS / MRS / MR Mrs.	FIRST Diana M.	MI MI	<b>OFFICE USE ONLY</b>					
	MS / MRS / MR Mrs.	FIRST Diana M.	MI MI								
<table style="width: 100%;"> <tr> <td style="width: 25%;">NICKNAME</td> <td style="width: 25%;">LAST Luna</td> <td style="width: 25%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Luna	SUFFIX							
NICKNAME	LAST Luna	SUFFIX									
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1837 Mimosa Dr.  Abilene, TX 79603		Date Received <b>ELECTRONICALLY FILED</b> 01/12/2026								
			Date Hand-delivered or Date Postmarked								
			<table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table>	Receipt #	Amount						
	Receipt #	Amount									
		Date Processed  Date Imaged									
<b>5</b> CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 25%;">MS / MRS / MR Mr.</td> <td style="width: 25%;">FIRST Richard K.</td> <td style="width: 25%;">MI MI</td> </tr> </table>			MS / MRS / MR Mr.	FIRST Richard K.	MI MI					
	MS / MRS / MR Mr.	FIRST Richard K.	MI MI								
<table style="width: 100%;"> <tr> <td style="width: 25%;">NICKNAME Rich</td> <td style="width: 25%;">LAST Lyles</td> <td style="width: 25%;">SUFFIX Jr.</td> </tr> </table>			NICKNAME Rich	LAST Lyles	SUFFIX Jr.						
NICKNAME Rich	LAST Lyles	SUFFIX Jr.									
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4625 Catclaw Dr.  Abilene, TX 79606										
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (307) 315-4314										
<b>8</b> REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)							
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)								
<b>9</b> PERIOD COVERED	Month Day Year                      Month Day Year 07/01/2025                      THROUGH                      12/31/2025										
<b>10</b> ELECTION	<table style="width: 100%;"> <tr> <td style="width: 30%;">ELECTION DATE Month Day Year 03/03/2026</td> <td style="width: 30%;"> <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General                 </td> <td style="width: 40%;">                     ELECTION TYPE  <input type="checkbox"/> Runoff                      <input type="checkbox"/> Other  <input type="checkbox"/> Special                 </td> </tr> </table>			ELECTION DATE Month Day Year 03/03/2026	<input checked="" type="checkbox"/> Primary  <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> Special					
	ELECTION DATE Month Day Year 03/03/2026	<input checked="" type="checkbox"/> Primary  <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> Special								
<b>11</b> OFFICE	OFFICE HELD (if any)		<b>12</b> OFFICE SOUGHT (if known) State Representative District 71								

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 15

13 C / OH NAME	Luna, Diana M. (Mrs.)	14 Filer ID	(Ethics Commission Filers)
		00089940	

15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,417.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	992.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	424.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

## 17 AFFIDAVIT

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

Mrs. Diana M. Luna

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

3 of 15

<b>18 FILER NAME</b> Luna, Diana M. (Mrs.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00089940
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,417.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 992.02
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/8 Rpt: 4/15
<b>2</b> FILER NAME Luna, Diana M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089940
<b>4</b> Date 10/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baisden, Sherry (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Admin Manager		<b>9</b> Employer (See Instructions) Distinction Jewelry
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Sarrah (Ms.) <hr/> Contributor address; City; State; Zip Code  Sheppard AFB, TX 76311	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Data Manager		Employer (See Instructions) Zacpubs
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Sarrah (Ms.) <hr/> Contributor address; City; State; Zip Code  Sheppard AFB, TX 76311	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Data Manager		Employer (See Instructions) Zacpubs
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Sarrah (Ms.) <hr/> Contributor address; City; State; Zip Code  Sheppard AFB, TX 76311	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Data Manager		Employer (See Instructions) Zacpubs
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calder, Tammy (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79605	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) SAS supervisor		Employer (See Instructions) IRC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/8 Rpt: 5/15
<b>2</b> FILER NAME Luna, Diana M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089940
<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Laurie (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) eligibility Specialist		<b>9</b> Employer (See Instructions) Boon Chapman, Inc.
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Kristy (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79605	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crownover, Veronica <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79603	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) PD Office
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crownover, Veronica (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79603	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) PD Office
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crownover, Veronica (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79605	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Judge Ely Animal Clinic		Employer (See Instructions) Receptionist

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/8 Rpt: 6/15
<b>2</b> FILER NAME Luna, Diana M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089940
<b>4</b> Date 12/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crownover, Veronica (Ms.) <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79605	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Judge Ely Animal Clinic		<b>9</b> Employer (See Instructions) Receptionist
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danilowski, Justina (Ms.) Contributor address; City; State; Zip Code  Abilene, TX 79605	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) School Psychologist		Employer (See Instructions) Abilene ISD
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danilowski, Justina (Ms.) Contributor address; City; State; Zip Code  Abilene, TX 79605	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) School Psychologist		Employer (See Instructions) Abilene ISD
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danilowski, Justina (Ms.) Contributor address; City; State; Zip Code  Abilene, TX 79605	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) School Psychologist		Employer (See Instructions) Abilene ISD
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Samuel (Mr.) Contributor address; City; State; Zip Code  Abilene, TX 79603	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Samuel Garcia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/8 Rpt: 7/15
<b>2</b> FILER NAME Luna, Diana M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089940
<b>4</b> Date 10/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geeslin, Jill (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79605	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatton, Sam (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79603	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Web designer		Employer (See Instructions) Self Employed
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, Cindy & Ed (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602-4142	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, Cindy & Ed (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602-4142	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, Cindy & Ed (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602-4142	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/8 Rpt: 8/15
<b>2</b> FILER NAME Luna, Diana M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089940
<b>4</b> Date 10/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohanowski, Jennifer (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79605	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Customer service		<b>9</b> Employer (See Instructions) Hcsc
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauer, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79603	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauer, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79603	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauer, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79603	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacCollister, Brandi (Ms.) <hr/> Contributor address; City; State; Zip Code  Poquoson, VA 23662	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Pharmacy Tech		Employer (See Instructions) Centene



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/8 Rpt: 9/15
<b>2</b> FILER NAME Luna, Diana M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089940
<b>4</b> Date 10/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeel, LaShay <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kerrville, TX 78028	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Social Worker		<b>9</b> Employer (See Instructions) Self Employed - Contract
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paris, Wayne (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79603-4340	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79603-4340	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segun, Olubunmi (Mr.) <hr/> Contributor address; City; State; Zip Code  Buffalo Gap, TX 79508	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) IRC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/8 Rpt: 10/15
<b>2</b> FILER NAME Luna, Diana M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089940
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Rebecca (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79603	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Customer service specialist		<b>9</b> Employer (See Instructions) The Toro Company
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Majority PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77266	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ughanze, Krysten (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Social worker		Employer (See Instructions) TFI
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wylie R.N., Nicole (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79603	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Hendrick Medical Center
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wylie R.N., Nicole (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79603	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/8 Rpt: 11/15
<b>2</b> FILER NAME Luna, Diana M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089940
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wylie R.N., Nicole (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79603	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) RN		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wylie R.N., Nicole (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79603	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Hendrick Medical Center

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 12/15	<b>2</b> FILER NAME Luna, Diana M. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089940
<b>4</b> Date 12/31/2025	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$37.43	<b>7</b> Payee address; City; State; Zip Code PO Box 441146  Somerville , MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service fees for online campaign contributions
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2025	Payee name Chevron Brownwood	
Amount (\$) \$24.92	Payee address; City; State; Zip Code 1300 Belle Plain St  Brownwood , TX 76801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for travel to Austin to file campaign documents.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name Family Dollar	
Amount (\$) \$10.83	Payee address; City; State; Zip Code 138 S. Pioneer Dr.  Abilene, TX 79605	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Items for Wet Texas Fair & Rodeo Parade.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 13/15	<b>2</b> FILER NAME Luna, Diana M. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089940
<b>4</b> Date 10/31/2025	<b>5</b> Payee name First Bank Texas	
<b>6</b> Amount (\$) \$5.00	<b>7</b> Payee address; City; State; Zip Code PO Box 6579  Abilene, TX 79608	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense October 2025 Service Charge
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name First Bank Texas		
Amount (\$) \$5.00	Payee address; City; State; Zip Code PO Box 6579  Abilene, TX 79608	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charges November 2025
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name First Bank Texas		
Amount (\$) \$5.00	Payee address; City; State; Zip Code PO Box 6579  Abilene, TX 79608	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charges December 2025
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 14/15	<b>2</b> FILER NAME Luna, Diana M. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089940
<b>4</b> Date 11/13/2025	<b>5</b> Payee name First Bank Texas	
<b>6</b> Amount (\$) \$5.00	<b>7</b> Payee address; City; State; Zip Code PO Box 6579  Abilene, TX 79608	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cashier's Check fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2025	Payee name Quick Track 53 Lampasas	
Amount (\$) \$24.89	Payee address; City; State; Zip Code 1401 S key Ave.  Lampasas, TX 76550	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for travel to Austin to file Campaign documents
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name SAM's Club	
Amount (\$) \$76.33	Payee address; City; State; Zip Code 5550 S. Clack St  Abilene, TX 79606	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candy for Trunk or Treat campaign event.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 15/15	<b>2</b> FILER NAME Luna, Diana M. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089940
<b>4</b> Date 10/17/2025	<b>5</b> Payee name Sign Tex	
<b>6</b> Amount (\$) \$35.72	<b>7</b> Payee address; City; State; Zip Code 2442 S 14th St  Abilene, TX 79605	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign sign
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name Texas Democrat Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 314 E Highland Mall Blvd  Austin, TX 78752	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2025	Payee name USPS	
Amount (\$) \$11.90	Payee address; City; State; Zip Code 341 Pine St  Abilene, TX 79601	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Postage	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing additional documents to Austin. Democratic party.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held