

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

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

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

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13 C / OH NAME	Luna, Diana M. (Mrs.)		14 Filer ID (Ethics Commission Filers) 00089940
15 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<input type="checkbox"/> Additional Pages  <input type="checkbox"/> COMMITTEE TYPE <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> GENERAL           <input type="checkbox"/> COMMITTEE NAME         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> SPECIFIC           <input type="checkbox"/> COMMITTEE ADDRESS         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> COMMITTEE CAMPAIGN TREASURER NAME           <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> COMMITTEE CAMPAIGN TREASURER ADDRESS           <input type="checkbox"/> </div>			
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1,417.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 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**

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<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.)	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Sheppard AFB, TX 76311	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Sheppard AFB, TX 76311	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Sheppard AFB, TX 76311	
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.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Abilene, TX 79605	
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.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Abilene, TX 79605	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Abilene, TX 79603	
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.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Abilene, TX 79603	
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.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Abilene, TX 79605	
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>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79605	
<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.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Abilene, TX 79605	
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.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Abilene, TX 79605	
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.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Abilene, TX 79605	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Abilene, TX 79603	
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.)	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79605	
<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.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Abilene, TX 79603	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Abilene, TX 79602-4142	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Abilene, TX 79602-4142	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Abilene, TX 79602-4142	
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.)	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79605	
<b>8</b> Principal occupation / Job title (See Instructions) Customer service		<b>9</b> Employer (See Instructions) Hcsc
<b>Date</b> 10/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauer, Rachel (Ms.)	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79603	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauer, Rachel (Ms.)	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79603	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 12/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauer, Rachel (Ms.)	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79603	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 10/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MacCollister, Brandi (Ms.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Poquoson, VA 23662	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacy Tech		<b>Employer (See Instructions)</b> 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	<b>7</b> Amount of Contribution (\$) \$2.00
	<b>6</b> Contributor address; City; State; Zip Code  Kerrville, TX 78028	
<b>8</b> Principal occupation / Job title (See Instructions) Social Worker		<b>9</b> Employer (See Instructions) Self Employed - Contract
<b>Date</b> 10/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Paris, Wayne (Mr.)	<b>Amount of Contribution (\$)</b> \$250.00
	Contributor address; City; State; Zip Code  Abilene, TX 79602	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
<b>Date</b> 10/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Lisa (Ms.)	<b>Amount of Contribution (\$)</b> \$50.00
	Contributor address; City; State; Zip Code  Abilene, TX 79603-4340	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self Employed
<b>Date</b> 10/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Lisa (Ms.)	<b>Amount of Contribution (\$)</b> \$10.00
	Contributor address; City; State; Zip Code  Abilene, TX 79603-4340	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self Employed
<b>Date</b> 10/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Segun, Olubunmi (Mr.)	<b>Amount of Contribution (\$)</b> \$20.00
	Contributor address; City; State; Zip Code  Buffalo Gap, TX 79508	
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.)	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79603	
<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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77266	
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.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
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.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Abilene, TX 79603	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Abilene, TX 79603	
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.) ..... <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
<b>Date</b> 12/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wylie R.N., Nicole (Ms.) ..... <b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79603	<b>Amount of Contribution (\$)</b> \$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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 1/4 Rpt: 12/15	2 FILER NAME Luna, Diana M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089940
4 Date 12/31/2025	5 Payee name ActBlue	
6 Amount (\$) \$37.43	7 Payee address; City; PO Box 441146  Somerville , MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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
9 Complete ONLY 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; 1300 Belle Plain St  Brownwood , TX 76801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(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 ONLY 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; 138 S. Pioneer Dr.  Abilene, TX 79605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 2/4 Rpt: 13/15	2 FILER NAME Luna, Diana M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089940
4 Date 10/31/2025	5 Payee name First Bank Texas	
6 Amount (\$) \$5.00	7 Payee address; City; PO Box 6579  Abilene, TX 79608	
8 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 October 2025 Service Charge
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/28/2025	Payee name First Bank Texas	
Amount (\$) \$5.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name First Bank Texas	
Amount (\$) \$5.00	Payee address; City; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 3/4 Rpt: 14/15	2 FILER NAME Luna, Diana M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089940
4 Date 11/13/2025	5 Payee name First Bank Texas	
6 Amount (\$) \$5.00	7 Payee address; City; PO Box 6579  Abilene, TX 79608	
8 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 Cashier's Check fee
9 Complete ONLY 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; 1401 S key Ave.  Lampasas, TX 76550	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(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 ONLY 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; 5550 S. Clack St  Abilene, TX 79606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 4/4 Rpt: 15/15	2 FILER NAME Luna, Diana M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089940
4 Date 10/17/2025	5 Payee name Sign Tex	
6 Amount (\$) \$35.72	7 Payee address; City; 2442 S 14th St  Abilene, TX 79605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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
9 Complete ONLY 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; 314 E Highland Mall Blvd  Austin, TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 ONLY 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; 341 Pine St  Abilene, TX 79601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held