

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|                                                                                                     |                                                                                                                                                                                                                  |                                                             |                                                                                                                                                                                 |                                        |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |                                                                                                                                                                                                                  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00065851 | <b>2</b> Total pages filed:<br><br>4                                                                                                                                            |                                        |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                                              | MS / MRS / MR<br>Ms.                                                                                                                                                                                             | FIRST<br>Maria                                              | MI                                                                                                                                                                              | <b>OFFICE USE ONLY</b>                 |
|                                                                                                     | NICKNAME<br>Dinorah                                                                                                                                                                                              | LAST<br>Diaz                                                | SUFFIX                                                                                                                                                                          |                                        |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>305 E. Ashby Place<br><br>San Antonio, TX 78212                                                                                                               |                                                             |                                                                                                                                                                                 | Date Hand-delivered or Date Postmarked |
|                                                                                                     |                                                                                                                                                                                                                  |                                                             |                                                                                                                                                                                 | Receipt #      Amount                  |
|                                                                                                     |                                                                                                                                                                                                                  |                                                             |                                                                                                                                                                                 | Date Processed                         |
|                                                                                                     |                                                                                                                                                                                                                  |                                                             |                                                                                                                                                                                 | Date Imaged                            |
| <b>5</b> CAMPAIGN TREASURER NAME                                                                    | MS / MRS / MR<br>Dr.                                                                                                                                                                                             | FIRST<br>Joseph D.                                          | MI                                                                                                                                                                              |                                        |
|                                                                                                     | NICKNAME                                                                                                                                                                                                         | LAST<br>Diaz                                                | SUFFIX                                                                                                                                                                          |                                        |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>232 W. Lullwood Ave.<br><br>San Antonio, TX 78212                                                                                     |                                                             |                                                                                                                                                                                 |                                        |
|                                                                                                     |                                                                                                                                                                                                                  |                                                             |                                                                                                                                                                                 |                                        |
| <b>7</b> CAMPAIGN TREASURER PHONE                                                                   | AREA CODE                                                                                                                                                                                                        | PHONE NUMBER                                                | EXTENSION                                                                                                                                                                       |                                        |
|                                                                                                     | (210)                                                                                                                                                                                                            | 602-9804                                                    |                                                                                                                                                                                 |                                        |
| <b>8</b> REPORT TYPE                                                                                | <input 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 checked="" 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<br>01/23/2026                                                                                                                                                                               | THROUGH                                                     | Month    Day    Year<br>02/21/2026                                                                                                                                              |                                        |
| <b>10</b> ELECTION                                                                                  | ELECTION DATE<br>Month    Day    Year<br>03/03/2026                                                                                                                                                              |                                                             | ELECTION TYPE                                                                                                                                                                   |                                        |
|                                                                                                     |                                                                                                                                                                                                                  |                                                             | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                        |
| <b>11</b> OFFICE                                                                                    | OFFICE HELD (if any)                                                                                                                                                                                             |                                                             | <b>12</b> OFFICE SOUGHT (if known)<br>District Judge District 45                                                                                                                |                                        |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 4

**13** C / OH NAME Diaz, Maria (Ms.) **14** Filer ID (Ethics Commission Filers)  
00065851

**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. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

|                                                                                                 |                                      |
|-------------------------------------------------------------------------------------------------|--------------------------------------|
| COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME                       |
|                                                                                                 | COMMITTEE ADDRESS                    |
|                                                                                                 | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                                                                                 | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |                                                                                                                                      |    |        |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| <b>16</b> 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><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 0.00   |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                           | \$ | 0.00   |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                               | \$ | 800.00 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                               | \$ | 0.00   |
| 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.

Ms. Maria Diaz  
\_\_\_\_\_  
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 oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - JC/OH**

|                                           |                                                           |
|-------------------------------------------|-----------------------------------------------------------|
| <b>18 FILER NAME</b><br>Diaz, Maria (Ms.) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00065851 |
|-------------------------------------------|-----------------------------------------------------------|

| <b>20 SCHEDULE SUBTOTALS</b>           |                                                                                    | <b>SUBTOTAL AMOUNT</b> |
|----------------------------------------|------------------------------------------------------------------------------------|------------------------|
| <b>NAME OF SCHEDULE</b>                |                                                                                    |                        |
| 1. <input type="checkbox"/>            | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                        | \$                     |
| 2. <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                     |
| 3. <input type="checkbox"/>            | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$                     |
| 4. <input type="checkbox"/>            | SCHEDULE E(J): LOANS (JUDICIAL)                                                    | \$                     |
| 5. <input type="checkbox"/>            | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$                     |
| 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 checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$ 800.00              |
| 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 | \$                     |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:<br>Sch: 1/1 Rpt: 4/4 | <b>2</b> FILER NAME<br>Diaz, Maria (Ms.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065851 |
|-------------------------------------------------------|------------------------------------------|----------------------------------------------------------|

|                             |                                                |
|-----------------------------|------------------------------------------------|
| <b>4</b> Date<br>02/01/2026 | <b>5</b> Payee name<br>Be Known Creative Media |
|-----------------------------|------------------------------------------------|

|                                                                                                                      |                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>6</b> Amount (\$)<br>\$700.00<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>302 General Kreuger<br><br>San Antonio, TX 78213 |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

|                                 |                                                                                                |                                                                                                                                                                                                                |
|---------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Social media |
|---------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                     |                             |               |             |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|

|                    |                                              |
|--------------------|----------------------------------------------|
| Date<br>02/10/2026 | Payee name<br>Lulac Concilio Zapatista #4383 |
|--------------------|----------------------------------------------|

|                                                                                                             |                                                                                             |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Amount (\$)<br>\$100.00<br><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>1306m Guadalupe Street<br><br>San Antonio, TX 78207 |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

|                               |                                                                               |                                                                                                                                                                                                        |
|-------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Get out the vote breakfast |
|-------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                            |                             |               |             |
|------------------------------------------------------------|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|------------------------------------------------------------|-----------------------------|---------------|-------------|

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