

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)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">12</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Daniel</div> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Diaz</div>	OFFICE USE ONLY Date Received <div style="font-size: 1.2em; font-weight: bold;">RECEIVED JAN 15 2016</div> <div style="color: red; font-size: 1.2em;">5:12 PM.</div> <div style="color: red; font-size: 1.5em; margin-top: 10px;">Rm Int</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">942 Goodwinaces Rd Palmview Tx 78574</div>	Date Hand-delivered or Date Postmarked									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(956) 451-6346</div>	Receipt # Amount \$									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">MATTHEW</div> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">MARTINEZ</div>	Date Processed Date Imaged									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">405 CANDY AVE. McAllen TX 78504</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(956) 648-0654</div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <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 \$500 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 \$500 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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">7 / 15 / 2015</td> <td></td> <td style="text-align: center; font-size: 1.5em;">1 / 15 / 2016</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	7 / 15 / 2015		1 / 15 / 2016		
Month Day Year	THROUGH	Month Day Year									
7 / 15 / 2015		1 / 15 / 2016									
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em;">3 / 1 / 2016</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">Hidalgo County Commissioner Pot.3.</div>									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME DANIEL DIAZ 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

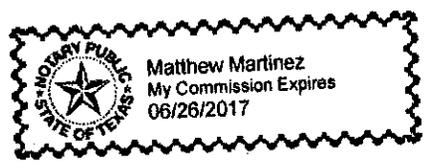
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,420.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 673.40
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,340.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 179.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

Daniel Diaz
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DANIEL DIAZ, this the 15TH day of JANUARY, 20 16, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
MATTHEW MARTINEZ Printed name of officer administering oath
NOTARY PUBLIC Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME DANIEL DIAZ		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,420
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,666.85
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

105

2 FILER NAME

DANIEL DIAZ

3 Filer ID (Ethics Commission Filers)

4 Date

8/19/15

5 Full name of contributor

Joe N. Diaz

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

1142 Big River Run Ct, Katy, TX 77494

8 Principal occupation / Job title (See Instructions)

Business owner - RV Station

9 Employer (See Instructions)

Date

9/8/15

Full name of contributor

Teresa Diaz

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

942 Goodwinacres Rd Palmview, TX 78574

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/30/15

Full name of contributor

Joe N. Diaz

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 420.00

Contributor address;

City; State; Zip Code

1142 Big River Run Ct, Katy, TX 77494

Principal occupation / Job title (See Instructions)

Business owner - RV Station

Employer (See Instructions)

Date

10/2/15

Full name of contributor

Norma Esparza

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 300.00

Contributor address;

City; State; Zip Code

1804 El Milero Drive Palmhurst TX 78573

Principal occupation / Job title (See Instructions)

Disastrician - Sherglad I.S.D

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20F5
2 FILER NAME DANIEL DIAZ		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda Diaz 6 Contributor address; City; State; Zip Code 942 Goodwinacrer Rd Palmview Tx 78574	7 Amount of contribution (\$) \$ 700.00
8 Principal occupation / Job title (See Instructions) Non-profit Orgs. - Executive Director		9 Employer (See Instructions)
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda Diaz Contributor address; City; State; Zip Code 942 Goodwinacrer Rd Palmview, Tx 78574	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) Non-profit Orgs - Executive Director		Employer (See Instructions)
Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natividad Diaz Contributor address; City; State; Zip Code 942 Goodwinacrer Rd Palmview, Tx 78574	Amount of contribution (\$) \$ 900.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/9/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma Espaza Contributor address; City; State; Zip Code 1804 El Mileno Drive, Palmview, TX 78573	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions) Diagnostician - Maryland I.S.O		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 5

2 FILER NAME

DANIEL DIAZ

3 Filer ID (Ethics Commission Filers)

4 Date

11/16/2015

5 Full name of contributor

Joe N. Diaz

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

1142 Big River Run Ct, Katy TX, 77494

8 Principal occupation / Job title (See Instructions)

Business owner - RV Station

9 Employer (See Instructions)

Date

11/17/2015

Full name of contributor

Armando Esparza

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

1804 El Mileno Drive Palmhurst, TX 78573

Principal occupation / Job title (See Instructions)

RV-Station-saler

Employer (See Instructions)

Date

10/2/2015

Full name of contributor

Natividad Diaz

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$3,200.00

Contributor address; City; State; Zip Code

942 Goodwinares Rd Palmview Tx 78574

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

11/21/2015

Full name of contributor

Joe N. Diaz

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2,000.00

Contributor address; City; State; Zip Code

1142 Bisling Run Ct, Katy, TX 77494

Principal occupation / Job title (See Instructions)

Business owner - RV Station

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 5

2 FILER NAME

DANIEL DIAZ

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/2015

5 Full name of contributor

Ever Munoz

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

4501 Xanthisma Ave. McAllen TX 78504

8 Principal occupation / Job title (See Instructions)

Business owner

9 Employer (See Instructions)

Date

10/3/2015

Full name of contributor

Diana Salinas

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

4501 Xanthisma Ave. McAllen, TX 78504

Principal occupation / Job title (See Instructions)

Sprint - sales rep

Employer (See Instructions)

Date

10/3/2015

Full name of contributor

Tina Cedillo

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

2010 Gardeira St. PEARLAND, TX 77576

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/2015

Full name of contributor

Clara Molina

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

2209 Nappa Valley Drive Mission, TX 78572

Principal occupation / Job title (See Instructions)

sales rep - furniture

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 5

2 FILER NAME

DANIEL DIAZ

3 Filer ID (Ethics Commission Filers)

4 Date

1/5/2016

5 Full name of contributor

Armando Martinez

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City; State; Zip Code

914 W. Pike, Weslaco, TX 78596

8 Principal occupation / Job title (See Instructions)

Business owner - Consulting

9 Employer (See Instructions)

Date

1/14/2016

Full name of contributor

Gloria Meyer

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2100 School Ln, Mission, TX 78572

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Date

12/15/2015

Full name of contributor

Victor Chapa Sr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$5,000.00

Contributor address;

City; State; Zip Code

4038 S. Cedar Ave, Fresno, CA 93725

Principal occupation / Job title (See Instructions)

Business owner - A-2 National Force

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE 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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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.

1 Total pages Schedule F1: 10F4		2 FILER NAME Daniel Diaz		3 Filer ID (Ethics Commission Filers)	
4 Date 12/17/2015		5 Payee name Betos signs			
6 Amount (\$) \$3,950.65		7 Payee address; City; State; Zip Code 110 W. 4th street San Juan, TX 78589			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11/22/2015		Payee name Signs Pros USA			
Amount (\$) \$2,225.45		Payee address; City; State; Zip Code 4000 N. Case BLVD, Pharr TX 78577			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 8/11/2015		Payee name La Union Del pueblo Entero (LUPE)			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 1601 U.S Business 83, San Juan, TX 78589			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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.

1 Total pages Schedule F1: 2 of 4	2 FILER NAME Daniel Diaz	3 Filer ID (Ethics Commission Filers)
4 Date 12/14/2015	5 Payee name Hidalgo County Democratic Party	
6 Amount (\$) \$ 700.00	7 Payee address; City; State; Zip Code 3207 N. McCOLL RD, McALLEN, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/6/2015	Payee name Purple Porcupine Media		
Amount (\$) \$3,200	Payee address; City; State; Zip Code 2604 South Bridge Avenue #42, Weslaco, TX 78596		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-20-2015	Payee name Purple Porcupine Media		
Amount (\$) \$850.00	Payee address; City; State; Zip Code 2604 South Bridge Avenue #42, Weslaco, TX 78596		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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.

1 Total pages Schedule F1: 3 of 4	2 FILER NAME Daniel Diaz	3 Filer ID (Ethics Commission Filers)
4 Date 10/3/2015	5 Payee name Rancho El Charco	
6 Amount (\$) \$720.51	7 Payee address; City; State; Zip Code 100 N. Kika De La Garza Blvd, La Joya, TX 78560	
8 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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/11/2015	Payee name Hidalgo County Democratic Party		
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 3307 N. McCall Rd, McAllen, TX 78501		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Filing Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/9/2015	Payee name Abel Prado		
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2522 Kings Drive, Donna, TX		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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.

1 Total pages Schedule F1: 4 of 4	2 FILER NAME Daniel Diaz	3 Filer ID (Ethics Commission Filers)		
4 Date 11/29/2015	5 Payee name Home Depot			
6 Amount (\$) \$138.40	7 Payee address; City; State; Zip Code 120 S. Shary Rd, Mission, TX 78572			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisins 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		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete ONLY if direct expenditure to benefit C/OH				
Date 12/28/2015	Payee name Home Depot			
Amount (\$) \$231.84	Payee address; City; State; Zip Code 120 S. Shary Rd, Mission, TX 78572			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisins Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete ONLY if direct expenditure to benefit C/OH				
Date 1-10-2016	Payee name Blanca Quintanilla			
Amount (\$) \$600.00	Payee address; City; State; Zip Code 2210 Llano Molano st, Edinburg TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete ONLY if direct expenditure to benefit C/OH				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED