# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

	See	1 Total pages filed:				
2	CANDIDATE	OFFICE USE ONLY				
~	NAME		OFFICE USE ONLY			
		Diane	Filer ID #			
	-	NICKNAME LAST SUFF	ICEN/ED			
			, Valordiceivel W			
		Day	MON 1 0 2022			
3	CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	NOV 1 3 2023			
	MAILING	TAUS	TIN COUNTY LECTIONS			
	ADDRESS	16212 Hinkel Rd lat Spring TAUS	LECTIONS			
		10010 11110 14	Date Hand-delivered or Postmarked			
		1793				
4	CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	Receipt# Amount\$			
	PHONE					
		(28) 923-9743	Date Processed			
<u> </u>		1 425-4743				
5	OFFICE HELD		Date Imaged			
	(if any)					
6	OFFICE					
	SOUGHT (If known)	District Clark				
<u> </u>	(ii known)	Hustin County Clerk				
7	CAMPAIGN TREASURER	MS/MRS/MR FIRST MJ NICKNAME	LAST SUFFIX			
	NAME					
		Allahad	1 2:1			
	····	Michael	Jay			
8	CAMPAIGN	STREET ADDRESS; APT / SUITE #; CITY;	STAT#; ZIP CODE			
	TREASURER STREET	,	- Maa -			
	ADDRESS	L. J. J. D. A. Pot Sociona T	exas 18933			
) ا	STREET ADDRESS (residence or business) 18212 Hinkel Rd Cat Spring Texas 18933					
'	·					
9	CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	MANAGE			
	TREASURER					
	PHONE	(713) 775-9170				
		(113) 775-9170				
10	CANDIDATE					
	SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government Code.			
		, , , ,				
		l am aware of my responsibility to file timely reports as	required by title 15 of			
		the Election Code.	required by title 15 of			
		I am aware of the restrictions in title 15 of the Election C	ode on contributions			
		from corporations and labor organizations.				
		$\bigcap$				
		Nimure Day	11-13-23			
	Signature of Candidate Date Signed					
	-					
	GO TO PAGE 2					

# CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

OFFICE USE ONLY Pursuant to chapter 258 of the Election Code, every candidate and Date Received political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment NOV 13 2023 form. Candidates or political committees that already have a USTIN COUNTY current campaign treasurer appointment on file as of September 1, ELECTIONS Date Hand-delivered or Postmarked 1997, may subscribe to the code at any time. Date Processed Subscription to the Code of Fair Campaign Practices is voluntary. Date Imaged ACCOUNT NUMBER 2 TYPE OF FILER (Ethics Commission Filers) CANDIDATE POLITICAL COMMITTEE If filing as a candidate, complete boxes 3 - 6, If filing for a political committee, complete then read and sign page 2. boxes 7 and 8, then read and sign page 2. TITLE (Or., Mr., Ms., etc.) FIRST 3 NAME OF CANDIDATE М (PLEASE TYPE OR PRINT) NICKNAME LAST SUFFIX (SR., JR., III, etc.) AREA CODE 4 TELEPHONE NUMBER EXTENSION OF CANDIDATE (281) (PLEASE TYPE OR PRINT) STREET / PO BOX: APT / SUITE #: 5 ADDRESS OF CANDIDATE ZIP CODE (PLEASE TYPE OR PRINT) OFFICE SOUGHT BY CANDIDATE

Pay

GO TO PAGE 2

NICKNAME

(PLEASE TYPE OR PRINT)

7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)

SUFFIX (SR., JR., III, etc.)

#### CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

#### THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Signature

Date

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MRS	FIRST Diane	MI L	OFFICE USE ONLY		
NAME	NICKNAME	LAST Day	SUFFIX	RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 18212 Hinke	APT / SUITE #; 0	city; state; zip code ( 78933	JAN 16 2024 AUSTIN CO. TAX ASSESSOR-COLLECTOR		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
PHONE 6 CAMPAIGN	(281 )	923-9743 FIRST	MI	Receipt # Amount \$		
TREASURER NAME	MR	Michael	В	Date Processed		
	NICKNAME	Day	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	1	no ро вох please); арт / s I Rd Cat Spring Тх		STATE; ZIP CODE		
(Residence or Business)			***************************************			
8 CAMPAIGN TREASURER PHONE	( 713 )	PHONE NUMBER 775-9170	EXTENSION			
9 REPORT TYPE	January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)					
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 12	Day Year  / 26 / 23	THROUGH 1			
11 ELECTION	Month Day	Year Primary ✓ 24 General	ELECTION TYPI Runoff Other Description Special	E		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If know County Clerk	in)		
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
100	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME			
1		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
- Andrew -	<u> </u>	GO TO	PAGE 2			

15 C/OH NAME		<b>16</b> Filer	ID (Ethlos Co	ommission Filers)			
17 CONTRIBUTION TOTALS	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)		\$	0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 2	,990.33			
	4. TOTAL POLITICAL EXPENDITURES		\$ 2	,990.33			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY	\$	0.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	0.00			
1	swear, or affirm, under penalty of perjury, that the accompanying report is true equired to be reported by me under Title 15, Election Code.	and cor	rect and incl	udes all information			
	Signature of Car	ndidate d	or Officehold	er			
	Please complete either option below	<i>r</i> :					
- reman naturalism attention abutant							
(1) Affidavit							
NOTARY STAMP/SE	AL						
			_ day of	•			
20, to certif	y which, witness my hand and seal of office.						
Signature of officer adminis	tering oath Printed name of officer administering oath		Title of office	r administering oath			
	OR						
(2) Unsworn Declara	tion						
i in	and my date of birth is		12.2/-	61			
My address is		<u>X</u> ., state)	<u> 78933,</u> (zip code)	しられ (country)			
Executed in 17 USF	County, State of Texas, on the Light day of fronth	upry	(2ip code) , 20 <u>\$ \frac{1}{2} \frac{1}{</u>				
	Signature of Candid	date/Offic	eholder (Dec	clarant)			

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

19	FILER NAME	20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS \$2990,33
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED \$

#### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consutting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees C Food/Beverage Expense F By Gift/Awards/Memorials Expense F cal Committee Legal Services S	oan Repayment/Reimbursement office Overhead/Rental Expense odling Expense Printing Expense salarles/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 i	now to complete this form.		
1 Total pages Schedule G:	2 FILER NAME Name Day		3 Filer ID (Ethics Commission Filers)	
4 Date 1-6-24	5 Payee name Witten bers Printing			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
political contributions intended	210 Meyer	Sealy	1x 77474	
8 PURPOSE OF EXPENDITURE	Advertising Cards	(b) Description /		
	(c) Check if travel outside of Texas. Complete Schede	ate T. 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	
Date 6" 1-1%-24	Payee name Witten borg Printing			
Amount (\$)  979 25  Reimbursement from political contributions	Payee address;	City;	State; Zip Code	
intended	Category (See Categories listed at the top of this sche	dule) Description	18 77479	
PURPOSE OF EXPENDITURE	Advertisin/signs	,		
	Check if travel outside of Texas. Complete Sched		o, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held	
Date 1-5-24	Belluille Chamber	of Comme	CC C	
Amount (\$)  SOCO  Relmbursement from political contributions	Payee address; 742 W Main 210 Ato Main	City;	State; Zlp Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	dule) Description	17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living			, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEED	DED	

### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Ву	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain:	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Transportation Travel in Distr Travel Out Of	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
4 T-1-1	2 CH CD NA				2 = 10	College Committee College	_
1 Total pages Schedule G:	2 FILER NAM	e Day			3 Filer ID (	Ethics Commission Filers	s)
4 Date 1-10-24	5 Payee nam Withen	berg Printing					
6 Amount (\$) 53, 43	7 Payee add	ress;		City;	, S	late; Zip Code	
Reimbursement from political contributions inlended	210	Meyer		Sealy		77474	î
8 PURPOSE OF EXPENDITURE	(a) Calegory	See Calegories disted at the top of this so	hedule)	(b) Description			·
EXPENDITURE		neck if travel outside of Texas. Complete Sch	edule T.	Check if Aus	stin, TX, officeholder	living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held	
Date	Payee nam	е ,		44444			
1-10-24	Wiffen	berg Printing					
Amount (\$) \$573.43	Payee add	ress;		City;	S	late; Zip Code	
Reimbursement from political contributions intended	210	Meyer		Sealy	Tx	77474	
PURPOSE OF EXPENDITURE	Adve	(See Categories lifeted at the top of this so		Description			
	Check if travel outside of Texas. Complete Schedule T.		edule T.		stin, TX, officeholder		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ite / Officeholder name		Office sought		Office held	
Date	Payee nam	<b>B</b>					
1-10-24	Witter	beg Printing	•				
Amount (\$) 871,41	Payee add	ress;		City;	State	e; Zip Code	
Reimbursement from political contributions intended	210	Meyer		Sealy	1	77474	
PURPOSE	Category	(See Categories ) sted at the top of this so	hedule)	Description			
OF EXPENDITURE	Adver	tising / Signs					
<u> </u>	c	heck if travel outside of Texas. Complete Sch	edule T.	Check if Aus	stin, TX, officeholder	living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ite / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NEE	EDED		

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Zip Code City; State; political contributions intended (b) Description 8 **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH 12-30-23 Amount (\$) City; State; Zip Code political contributions . intended **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE/	MS / MRS / MR	FIRST	<u> </u>   MI		, (m. or )
OFFICEHOLDER				OFFICE	USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date detaile	EIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 18212 Hinkel	APT / SUITE #; C Rd Cat Spring Tx	CITY; STATE; ZIP CODE 78933	AUSTIN	06 <b>2024</b> ICO, TAX -COLLECTOR
Change of Address					- VILLUIVIV
5 CANDIDATE/ OFFICEHOLDER PHONE	(281)	923-9743	EXTENSION	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI		, , , , , ,
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1	NO PO BOX PLEASE); APT / S I Rd Cat Spring TX		STATE;	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(713)	775-9170	ENERGON		
9 REPORT TYPE	January 15	30th day before e	election Runoff		ifter campaign appointment er Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Yea	ar ————————————————————————————————————
COVERED	1 /	/ 16 / 24	THROUGH 2	/ 5 / 24	
11 ELECTION	Month Day	Year Primary  24 General	ELECTION TYPE Runoff Other Description Special	E	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If know County Clerk	yn)	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS  SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
GO TO PAGE 2					

15 C/OH NAME		16 Filer	ID (Ethics	Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	IAN	\$	0.00			
į.	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	<b>(S)</b>	\$	0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	3,210.07			
	4. TOTAL POLITICAL EXPENDITURES	WALLEY WALLEY TO THE TOTAL PROPERTY OF THE T	\$	3,210.33			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY	\$	0.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	S OF THE	\$	0.00			
	swear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	true and co	orrect and	Includes all information			
Signature of Candidate or Officeholder							
	Please complete either option bel	ow:					
(1) Affidavit							
NOTARY STAMP/SEA	AL						
Sworn to and subscribed	d before me by this	the	day of	\$			
	y which, wilness my hand and seal of office.						
Signature of officer administ	tering oath Printed name of officer administering oath		Title of o	fficer administering oath			
OR							
(2) Unsworn Declarat							
My name is Diane D	ay, and my date of birt	th is 12-2	1-61	•			
My address is 18212	Hinkel Rd Cat Spring	, <u>Tx.</u>	78933	usa			
Executed in Austin	(street) (city)  County, State of Texas , on the 5th day of Fel		(zip code				
	and Diane	7		matintological 1			
}	Signature of Ca	andidale/Øff	ricenolder (	Deciarant)			

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

19	FILER NAME  20 Filer ID (Ethics Commission File		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$ 3,210.07	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED \$	

### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Off Food/Beverage Expense Pol By Gift/Awards/Memorials Expense Prin	an Repayment/ReImbursement lice Overhead/Rental Expense tiling Expense nting Expense laries/Wages/Contract Labor ow to complete this form,	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME Diane Day		3 Filer ID (Ethics Commission Filers)		
4 Date 5 Payee name					
01/16/2004	Bellville Times				
6 Amount (\$) 7 Payee address; City; State; Zip Cod 7 Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Newspaper Ad	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule	T. Check If Austi	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Diane Day	County Cle	Office held <b>rk</b>		
Date	Payee name				
01/20/2024 Wittenberg Printing					
Amount (\$) 248.98 Reimbursement from political contributions intended	Payee address; 210 Meyer Sealy Tx. 77474	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Advertising/Signs	ule) Description			
	Check if travel outside of Texas. Complete Schedul	eT. Check if Aust	tin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH Diane Day	Office sought County Cle	Office held		
Date	Payee name				
01/20/2024	Wittenberg Printing				
Amount (\$) 974.25 Relimbursement from political contributions intended	Payee address; 210 Meyer Sealy Tx 77474	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this sched Advertising/signs	ule) Description			
	Check if travel outside of Texas, Complete Schedul	le T. Check if Aust	tin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Diane Day	Office sought County Cle	Office held		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	DED		

#### SCHEDULE G

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Offi Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement floe Overhead/Rental Expense tling Expense inting Expense laries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	<sup>2</sup> FILER NAME Diane Day		3 Filer ID (Ethics Commission Filers)	
4 Date 01/25/2024	5 Payee name Sealy News			
6 Amount (\$) 76.00 Reimbursement from political contributions intended	7 Payee address; 327 Fowlkes St. Sealy Tx. 7747	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Calegory (See Calegories listed at the top of this scheduled Newspaper Ad	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule	e T. Check If Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name Diane Day	County Cler	Office held	
Date	Payee name			
01/29/2024	Wittenberg Printing			
Amount (\$) 1,834.84 Reimbursement from political contributions intended	Payee address; 210 Meyer Sealy Tx. 77474	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Advertising/Signs	ute) Description		
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH Diane Day	Office sought County Clei	Office held	
Date	Payee name			
Amount (\$)  Relmbursement from political contributions	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description		
<u></u>	Check if travel outside of Texas. Complete Schedu	le T. Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought  County Cle	Office held rk	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				