# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

#### FORM CTA PG 1

	See	1 Total pages filed:				
2	CANDIDATE	MS / MRS / MR FIRST MI	OFFICE USE ONLY			
	NAME					
		DIAME	Filer ID #			
		NICKNAME LAST SUFFICE	Date/Receiver V			
		Day				
	CANDIDATE	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE: ZIP CODE	NOV 13 2023			
3	CANDIDATE MAILING		TIN COUNTY			
	ADDRESS	11 212 Hinkel Dd Cat Spring TX	ILECTIONS			
		16212 Hinkel Rd lat Spring TAUS	Date Hand-delivered or Postmarked			
	-	7793				
4	CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$			
	PHONE	(271)				
		(28) ) g23-9743	Date Processed			
5	OFFICE		Date Imaged			
	HELD		Date imaged			
6	(if any) OFFICE					
6	SOUGHT	n.al a a a				
	(if known)	Hustin County Clerk				
7	CAMPAIGN TREASURER	MS/MRS/MR FIRST ML NICKNAME	LAST SUFFIX			
	NAME					
		Michael	Day			
8	CAMPAIGN	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE			
	TREASURER STREET		- NGA			
	ADDRESS	18212 Hinkel Rd Cat Spring 7	exas 18933			
(	residence or business)	18212 IIIMNETICA CUI TONG				
9	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION				
	PHONE	(713) 775-9170				
		(713) 775-9170				
10	CANDIDATE					
.0	SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government Code			
			nao es reminent esas.			
		I am aware of my responsibility to file timely reports as	required by title 15 of			
		the Election Code.	required by title 10 or			
		I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	ode on contributions			
		()	11 12-09			
		- War ray	11-10-00			
		Signature of Candidate	Date Signed			
GO TO PAGE 2						

# CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and 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 form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

Date Received

ECEIVED

NOV 1 3 2023

USTIN COUNTY

**ELECTIONS** 

Date Processed

Date Imaged

1 ACCOUNT NUMBER (Ethics Commission Filers)	2 TYPE OF FILER CANDIDATE  If filing as a candidat then read and sign pa	te, complete boxes 3 - 6,	. If filing fo	or a politica	MMITTEE
3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.)  NICKNAME	Diane LAST		MI SUFFIX (	(SR., JR., III, etc.)
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	AREA CODE (281) 423	PHONE NUMBER 3 - 9743		EXTENSIO	N
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	·	<sub>apt/suite#:</sub> nKel ZU G	city; £Spri'ha	STATE;	789 B3
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)		County	, ,		
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)	Mics	,			
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) \( \square\)  NICKNAME	FIRST		MI SUFFIX (	(SR., JR., III, etc.)

**GO TO PAGE 2** 

#### 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

				0 741 7	
The C/OH Instruction G	iuide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MRS	FIRST Diane	мі L	OFFICE USE ONLY	
NAME	NICKNAME	LAST Day	SUFFIX	RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 18212 Hinkel	APT / SUITE #; OR Rd Cat Spring Tx	CITY; STATE; ZIP CODE ( 78933	JAN 16 2024 AUSTIN CO. TAX	
Change of Address			- AMENICAN - AMERICAN	SSESSOR-COLLECTOR	
5 CANDIDATE/ OFFICEHOLDER PHONE	(281 )	923-9743	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$	
6 CAMPAIGN	MS / MRS / MR	FIRST	МІ	Keceibt # Amount 4	
TREASURER NAME	MR	Michael	B	Date Processed	
	MONITARIE	Day		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S Rd Cat Spring TX	•	STATE; ZIP CODE	
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (713 ) 775-9170				
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	ELECTION DA	TE	ELECTION TYPE	E	
	Month Day	Year Primary			
	3 / 5 /	Z4 General	Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know County Clerk	vn)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	YEURINED THESE EVDENNITHE	ER MAY HAVE BEEN MADE WITHOIT THE CAI	MADE BY POLITICAL COMMITTEES TO SUPPORT NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME		
The state of the s		COMMITTEE CAMPAIGN TE	REASURER ADDRESS		
	1	GO TO	PAGE 2		

15 C/OH NAME		16 Filer ID (Eth	nics Commission 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
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct ar	nd includes all information
	Signature of Car	ndidate or Offic	ceholder
	Please complete either option below	r:	·
(1) Affidavit			
NOTARY STAMP/SEA	AL.		
Sworn to and subscribed	before me by this the	day	of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administ	ering oath Printed name of officer administering oath	Title o	of officer administering oath
	OR		
(2) Unsworn Declarat	ion		
My name is		TX, 780	2/-6/ 图3, USH .
Executed in A USF	(clty) (street) (clty) (c	7 7 - 7	ode) (country) ♪ ↓ (year)
	Signature of Candi	- 4	er (Declarant)

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

19	FILER NAME	20 Filer ID (Ethics Commission Filers)				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
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 COI	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	\$ 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	IONS RETURNED \$				

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Event Expense Advertising Expense Accounting/Banking Consulting Expense Food/Beverage Expense Travel In District Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 4 Date Zip Code City: State; political contributions (b) Description (See Categories listed at the top of this schedule) 8 **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code City; political contributions intended Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Zip Code 50.00 Reimbursement from political contributions Intended Description Category (See Categories listed at the top of this schedule) **PURPOSE OF** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Loan Repayment/Relimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how 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)		
				<b>F</b>		
1 Total pages Schedule G:	2 FILER NA	· / \			3 Filer ID (Ethics	Commission Filers)
4 Date 1-10-24	5 Payee nam					
6 Amount (\$) 53.43	7 Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	outions 210 Meyer			Sealy	Tx	77474
8 PURPOSE	(a) Category	(See Categories) sted at the top of this s	chedule)	(b) Description	•	
OF EXPENDITURE	Adver	tishing				
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Aus	tin, TX, officeholder living e	эхрелѕе
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
Date	Payee nar	me ,				
1-10-24	Witte	bers Printing				
Amount (\$) +573,43	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	210	Meyer		Sealy	$T_{\lambda}$ 7	7474
PURPOSE OF EXPENDITURE	Adve			Description		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Au	stin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name		Office sought		Office held
Date	Payee ņai	me				
1-10-24	Witte	abeg Printin	10			
Amount (\$) 871.41	Payee ad	dress;	)	City;	State;	Zip Code
Reimbursement from political contributions intended	210	Meyer		Sealy	D	77474
PURPOSE OF EXPENDITURE	Adve	Check if travel outside of Texas. Complete Si	ς	Description  Check if Au	stin, TX, officeholder living	expense
	Candid	date / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ado , Omoonoldor namo				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Solicitation/Fundraising Expense Advertising Expense Loan Repayment/Reimbursement Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Polling Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Printing Expense Travel Out Of District Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date State; City; Zip Code political contributions intended (b) Description 8 ries listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 12-30-23 City; State; Zip Code Relmbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF 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 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** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

The C/OH Instruction Guide explains how to complete thi		o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST	SUFFIX	PROPRIOCEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 18212 Hinkel	APT / SUITE #; CRd Cat Spring Tx	CITY; STATE; ZIP CODE 78933	FEB 06 2024 AUSTIN CO. TAX ASSESSOR-COLLECTOR
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281 )	PHONE NUMBER 923-9743	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST LAST	MI	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS	1	ю ро вох please); арт / s Rd Cat Spring Тх		STATE; ZIP CODE
(Residence or Business)  8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 775-9170	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before e	enterprise to	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year  / 16 / 24	Month THROUGH 2	Day Year  / 5 / 24
11 ELECTION	ELECTION DAY  Month Day  3 / 5 /	Year Primary  24 General	ELECTION TYP  Runoff Other  Description  Special	E
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know County Clerk	wn)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR F THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS	
		GO TO	PAGE 2	

15 C/OH NAME		16 Filer	ID (Ethles C	commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER T PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN	\$	0.00
ł	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ (	3,210.07
l	4. TOTAL POLITICAL EXPENDITURES		\$ (	3,210.33
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	E LAST DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A	AS OF THE	\$	0.00
18 SIGNATURE 1 re	swear, or affirm, under penalty of perjury, that the accompanying report is equired to be reported by me under Title 15, Election Code.	is true and co	orrect and ii	ciddes an iniomiation
	Signature	of Candidate	or Officeho	lder
A comment	- Cignatal C	o, canalago	<b>.</b>	
	Please complete either option be	elow:		
	·			ļ
(1) Affidavit				
(1) Allidavit				
NOTARY STAMP/SE				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	v 4-1	s the	day of	
Sworn to and subscribe	d bololo ino by	s the	uay or_	ALVANOR MARKANIA
20, to certif	fy which, witness my hand and seal of office.			
Signature of officer adminis	stering oath Printed name of officer administering oath		Title of off	icer administering oath
	OR			
(2) Unsworn Declara				
My name is Diane D	Day, and my date of b	oirth is 12-2	21-61	·
My address is 18212	Hinkel Rd Cat Spring	, <u>Tx.</u>	78933	<u>, usa</u> .
	(street) (city)	(state)		(country)
Executed in Austin	County, State of Texas , on the 5th day of F	ebruary (month)	, 20 <mark>24</mark> , yea	ır)
	- Diane			
	Signature of	Candidate/0f	ficeholder ([	Declarant)

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

19	FILER NAME	20 Filer ID (Ethics Cor	nmissio	on 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	\$		
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	\$	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	ONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	

#### 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 Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing Ex Salarles/V	kpense Vages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics (	Commission Filers)
2	Diane					
4 Date 01/16/2004	5 Payee nar Bellville	e Times				
6 Amount (\$) 76.00 Reimbursement from political contributions intended	7 Payee ad 106 E I	oress; Palm Bellville Tx 7741	8	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category Newspa	(See Calegories listed at the top of this soper Ad	chedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	n, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	-	late / Officeholder name e Day	С	ounty Cler	_	Office held
Date 01/20/2024	Payee na Witten	me berg Printing				
Amount (\$) 248.98 Reimbursement from political contributions intended	Payee ad 210 Me	<sub>dress;</sub> eyer Sealy Tx. 77474		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		/ (See Categories listed at the top of this s ing/Signs	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austi	n, TX, officeholder living e	xpense
Complete <u>QNLY</u> if direct expenditure to benefit C/		date / Officeholder name e Day	С	office sought County Clei	_	Office held
Date 01/20/2024	Payee na Witten	<sub>me</sub> berg Printing				
Amount (\$) 974.25 Reimbursement from political contributions intended	Payee ad 210 M	<sub>ddress;</sub> eyer Sealy Tx 77474		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		y (See Calegories lisled at the lop of this s sing/signs	schedule)	Description		
}		Check if travel outside of Texas. Complete So	chedule T.	Check if Aust	in, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name e Day	C	Office sought County Cle	rk	Office held
	ATT	ACH ADDITIONAL COPIES (	OF THIS	SCHEDULE AS NEE	DED	

#### SCHEDULE G

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

		EXPENDITURE CATEO	ORIES I	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing Ex Salaries/M	xpense Vages/Contract Labor	Solicitation/Fundraisin Transportation Equipn Travel in District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:	2 FILER NA	-		T	3 Filer ID (Ethics	Commission Filers
1 Total pages Schedule G:	Diane				is tennes	
	5 Payee nam					
01/25/2024	Sealy N					
6 Amount (\$) 7 Payee address; City; State 76.00 Reimbursement from political contributions intended				State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category Newspar	(See Calegories listed at the top of this so per Ad	chedule)	(b) Description		
	(c) (	Check if travel outside of Texas. Complete Sch	nedule T.		n, TX, officeholder living e	
9 Complete ONLY if direct		late / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH	_Diane	e Day	C	ounty Cler	<b>K</b>	-
Date	Payee nar	ne				
01/29/2024	_	berg Printing				
Amount (\$) 1,834.84 Reimbursement from political contributions intended	Payee add 210 Me	<sub>dress;</sub> eyer Sealy Tx. 77474		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		/ (See Categories listed at the top of this s ing/Signs	schedule)	Description		
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct		date / Officeholder name		Office sought	_	Office held
expenditure to benefit C/0		e Day	C	County Cler	rk	
Date	Payee na	me				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	y (See Calegories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name	C	Office sought County Clei	rk	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

The C/OH Instruction G	The C/OH Instruction Guide explains how to complete this form.		2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	Ms / MRs / MR FIRST Mrs Diane	мі L	OFFICE USE ONLY		
NAME	NICKNAME LAST Day	SUFFIX	RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 18212 Hinkel rd Cat Spring Tx	CITY; STATE; ZIP CODE 78933	FEB 26 2024 AUSTIN COUNTY ELECTIONS		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281 ) 923-9743	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST  Mr Michael  NICKNAME LAST	MI B SUFFIX	Date Processed  Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  18212 Hinkel Rd Cat Spring Tx 78933				
(Residence or Business)  8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713 ) 775-9170	EXTENSION			
9 REPORT TYPE	July 15 30th day before	Proceedings	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 2 / 5 / 24	THROUGH 2	Day Year  / 26 / 24		
11 ELECTION	BLECTION DATE  Month Day Year  3 / 5 / 24 General	Description			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If know County Clerk	n)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU COMMITTEE TYPE COMMITTEE NAME	ES MAY HAVE BEEN MADE WITHOUT THE CAN	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
Additional Pages	GENERAL COMMITTEE ADDRESS  SPECIFIC COMMITTEE CAMPAIGN TR	REASURER NAME			
	COMMITTEE CAMPAIGN TI	REASURER ADDRESS			
	GO TO	PAGE 2			

### FORM C/OH COVER SHEET PG 2

			1	
15 C/OH NAME			16 Filer ID (E	thics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAI CONTRIBUTIONS MADE ELECT		.N \$	0.00
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN		\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$	2,180.46
	4. TOTAL POLITICAL EXPENDI	TURES	\$	2,180.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTI OF REPORTING PERIOD	ONS MAINTAINED AS OF THE L	AST DAY \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS PERIOD	OF THE \$	0.00
	swear, or affirm, under penalty of perjury, th		rue and correct a	and includes all information
re	quired to be reported by me under Title 15, El	ection Code.		
		Signature of (	Candidate or Off	iceholder
		Digitature of C	Sandidate of on	
	Please compl	ete either option belo	w:	
(1) Affidavit				
NOTARY STAMP/SEA	AL			
Sworn to and subscribed	d before me by	this th	e da	y of,
	y which, witness my hand and seal of office.			
Signature of officer administ	tering oath Printed name of offi	cer administering oath	Title	of officer administering oath
	7 111100 1111110 01 0111	OR .		
(2) Unsworn Declarat	tion			
My name is Diane Da	ay	, and my date of birth	<sub>is</sub> <u>12-21-61</u>	
My address is 18212	Hinkel Rd	Cat Spring	Tx , 7893	33_, <u>USA</u> .
	(street)	(city)	(state) (zip o	
Executed in Austin	County, State of Texas	_, on the 26th day of Feb	ritary , 20	<sub>)</sub> 24 (year)
		<u> Vane</u>	My	lor (Dodarant)
		Signature of Car	ididate/Cincenoid	iei (Deciaiani)

www.ethics.state.tx.us

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

19	9 FILER NAME 20 Filer ID (Ethics Con			n Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	4. SCHEDULE E: LOANS				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			2,180.46	
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$		

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Relmbursement Office Overhead/Rental Expense Advertising Expense **Event Expense** Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Polling Expense Consulting Expense Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services 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) Diane Day 4 Date 5 Pavee name 02/17/2024 **Bellville Times** 6 Amount (\$) 7 Payee address; Zip Code City: State: 156.50 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Newspaper Ad **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct County Clerk Diane Day expenditure to benefit C/OH Payee name Date Wittenburg Printing 02/09/2024 Payee address; Zip Code Amount (\$) City; State: 1,000.00 210 Meyer St Sealy Tx 77474 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising/Signs 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 County Clerk expenditure to benefit C/OH Diane Day Date Payee name Wittenburg Printing 02/09/2024 Payee address; Amount (\$) Zlp Code City; State: 783.96 210 Meyer St Sealy Tx 77474 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising/Signs OF **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 County Clerk expenditure to benefit C/OH Diane Day

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.		Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NA Diane				3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee nar	ne				
02/19/2024	Sealy I	News				
6 Amount (\$) 240.00 Reimbursement from political contributions intended	7 Payee add 327 Fo	dress; wlkes St Sealy Tx 774	74	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category Newspa	(See Categories listed at the top of this so DER Ad	chedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	n, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	complete ONLY if direct Diana Day County Clark			Office held		
Date	Payee nar					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
<u></u>		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austi	n, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/0		late / Officeholder name	***	Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended			,,,,,,,			
PURPOSE OF	Category	√ (See Categories listed at the lop of this s	chedule)	Description		
EXPENDITURE				<u> </u>	- TV	
Complete ONLY if direct expenditure to benefit C/OH	Candid	Check if travel outside of Texas. Complete Sc date / Officeholder name	hedule T.	Check if Austi	n, TX, officeholder living e	Office held
	ATT	ACH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEE!	DED	

The C/OH Instruction G	uide explains how t	o complete this fo		· ID (Ethics Commission F	Filers) 2	Total pages file	d:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		мі /		OFFICE	JSE ONLY
NAME	Mrs	Dane.		OUEELY.	D	ate Received	
	NICKNAME	Day		SUFFIX		REC	EIVED
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE		STATE; ZIP COD			
OFFICEHOLDER MAILING	18212 H	iakel Rd	Cast Spri	19 1X 789:	22		16 2024
ADDRESS	'		•	3	ŀ	ALISTIN	COUNTY
Change of Address						FLE(	CHONS
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER		EXTENSION	D	ate Hand-delivered	or Date Postmarked
PHONE	(38)	923-974	13			eceipt #	Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST	•	MI		eccipt ii	,,,,,,
TREASURER NAME	l MC	Michae	<u> </u>		D	ate Processed	
NAME	NICKNAME	LAST		SUFFIX		Pate Imaged	
		12	· ·				
7 CAMPAIGN			APT / SUITE #;	CITY;	-25	STATE;	ZIP CODE
TREASURER ADDRESS	18212 H	inkel Rd	Cat	Spring		17 7	
(Residence or Business)	110010 11			• 0			
8 CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION			
TREASURER							
PHONE	(713)	775- 1	917D				
9 REPORT TYPE	January 15	30th day	y before election	Runoff		15th day aft treasurer ap (Officeholde	
	July 15	8th day	before election	Exceeded Mod Reporting Limit		Final Repor	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year		N	Month	Day Year	2
COVERED	/	/ // 20	DAY TH	ROUGH (	<u></u>	30/5	m 24_
11 ELECTION	ELECTION DA		/ _	ELECTION			
	Month Day	Year	Primary	Runoff Other Descr	ription		
Primary	3/5/	/24   1	General	Special			
12 OFFICE	OFFICE HELD (if any)	1		13 GFFICE SOUGHT	(if known)	1 01	. )
J. OITIOL				Austin	Cour	Hy Che	5 K
14 NOTICE FROM	THIS BOX IS FOR NOTIC	E OF POLITICAL CONTR	IBUTIONS ACCEPTED	OR POLITICAL EXPENDIT	URES MADE	BY POLITICAL COM	MMITTEES TO SUPPORT
POLITICAL				E BEEN MADE WITHOUT TO PORT THIS INFORMATION C			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
		COMMITTEE ADDRE	ESS				
Additional Pages	GENERAL						
	SPECIFIC	COMMITTEE CAMPA	AIGN TREASURER	NAME			
!		COMMITTEE CAMP	AIGN TREASURER	ADDRESS			
		G	O TO PAGI	<b>Ē 2</b>			

15 C/OH NAME	1	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3Ale. 15
	4. TOTAL POLITICAL EXPENDITURES	\$ 396.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ /00.
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE   S	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
rec	quired to be reported by me under Title 15, Election Code.	$\wedge$
	(1) 000	Day
	Signature of Can	didate or Officeholder
		V
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the _	day of,
	which, witness my hand and seal of office.	
, , , , , , , , , , , , , , , , ,	•	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR OR	
(2) Unsworn Declarati	on	
7.		12-21-61
My name is	and my date of birth is	X 18933 Austin.
My address is	a (tinke) Ka Cat Spring, 1	
And	Took 11 Til	tate) (zip code) (country)
Executed in	County, State of 1-elas, on the (c) day of (month)	(year)
	- Klare	Ulley (Daglesset)
	Signature of Candida	ate/Officeholder (Declarant)

### 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 CONTRIBUTIONS	\$
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 FUNDS	\$ 396-15
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$ 100.
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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

Event Expense Fees Food/Beverage Expense Git/JAwards/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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission	on Filers)
4 Date	5 Payee name		
3-11-24	Bellville times		
6 Amount (\$)	7 Payee address;	City; State; Zip C	Code
Reinfoursement from political contributions intended	Po Bol 98	Bellville TR 77	418
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Newspaper AD		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	1-1
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought Office he	ıa
expenditure to benefit C/OH	Dianepay	County Gerry	
3-22-24	Payee name Diane Day	4	
Amount (\$)	Payee address;	City; State; Zip 0	Code
Reimbursement from political contributions intended	18212 Hinker Rd	Cat Spring Tx 780	<del>[</del> 33
	Category (See Categories listed at the top of this schedule)	Description	:
PURPOSE OF EXPENDITURE	Newspaper AD		
_	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office he	ld
Date 3-12-24	Payee name Sealy NWS		
Amount (\$)	Payee address;	City; State; Zip Co	de
Reimbursement from political contributions intended	PO BOX 450	Sealy TX 79.	474
	Category (See Categories listed at the top of this schedule)	Description '	
PURPOSE OF EXPENDITURE	Newspaper Ad		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office he	eld
expenditure to benefit C/OH	Diane Day	County Clerk	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	•	er (enter a category not insted above)
1 Total pages Schedule G:	2 FILER NAME Diane Day	3 F	iler ID (Ethics Commission Filers)
4 Date 3-1-24	5 Payee name New Um Enterpr	180	
6 Amount (\$)  2 2.  Reimbursement from political contributions intended	7 Payee address; PO BOU 128	New Ulm	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)    Company   Check   If travel outside of Texas. Complete Schedule T.	(b) Description  Check if Austin, TX, o	fficeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held  CLUK
Date 3-1-24	Payee name Diane Day	1	
Amount (\$)  Reimbursement from political contributions intended	Payee address; Witteburg Printing	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Pescription Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  DH	Office sought	officeholder living expense Office held
Date	Payee name		
Amount (\$)  Reimbursement from political contributions	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
<u></u>	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, o	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 THIS	SCHEDULE AS NEEDED	

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

., .,,,,,,,			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	iane Day		3 Filer ID (Ethics Commission Filers)
4 Date 3-8-24		(ID#:) \n State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date		C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED

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

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. МІ FIRST MS / MRS / MR OFFICE USE ONLY 3 CANDIDATE / **OFFICEHOLDER** Diane Mrs NAME LAST NICKNAME Day OCT 07 2024 APT / SUITE #; CITY; STATE; ZIP CODE ADDRESS / PO BOX; 4 CANDIDATE / 18212 Hinkel Rd., Cat Spring TX 78933 **OFFICEHOLDER AUSTIN COUNTY** MAILING ELECTIONS **ADDRESS** Change of Address EXTENSION PHONE NUMBER Date Hand-delivered or Date Postmarked AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** (281 923-9743 **PHONE** Receipt # Amount \$ FIRST MS / MRS / MR 6 CAMPAIGN TREASURER Michael Date Processed Mr. NAME SUFFIX LAST NICKNAME Date Imaged Day STATE; ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 7 CAMPAIGN 78933 Tx 18212 Hinkel Rd., Cat Spring TREASURER **ADDRESS** (Residence or Business) PHONE NUMBER **EXTENSION** 8 CAMPAIGN AREA CODE **TREASURER** PHONE 775-9170 , 713 15th day after campaign 9 REPORT TYPE Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election July 15 Reporting Limit Day Year Month 10 PERIOD Month Day Year COVERED 26 24 **THROUGH ELECTION TYPE** ELECTION DATE 11 ELECTION Runoff Other Primary Day Month Description Special General 24 11 5 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Austin County Clerk 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 KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CAMPAIGN	I FINANCE REPORT			
15 C/OH NAME		16 Filer IC	O (Ethics Commis	ssion 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.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST 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
18 SIGNATURE   1	wear, or affirm, under penalty of perjury, that the accompanying report is true	and corr	ect and includes	all information
re	quired to be reported by me under Title 15, Election Code.	$\wedge$		
		( )		
	Diane L	Va	X	
	Signature of Car	ndidate o	Officeholder	
	Please complete either option below	<b>7.</b>		
(1) Affidavit				
NOTARY STAMP/SEA	AL .			
Over to see both 19 19	before me by this the _		day of	
i			, -·	,
20, to certify	which, witness my hand and seal of office.			
Cianature of officer administration	ering oath Printed name of officer administering oath		Title of officer adr	ninistering oath
Signature of officer administ				
*				
(2) Unsworn Declarat	ion			
My name is	iane L Cak and my date of birth is	12	.21-61	
100	12 Hinkel Rd Pat Spring. 7	X.1	78933.	USA.
My address is	(street) (city) (s	state) (	zip code) (	country)
Executed in Aus	County, State of Texas, on the 7 day of Det	ober	_, 20,24	
Lyecuten III	(month	") L.	(year)	A CONTRACTOR OF THE PARTY OF TH
	Signature of Candid	date/Office	eholder (Declara	nt)
1	Oigracia of Caridia		•	•

### SUBTOTALS - C/OH

		20 Filer ID (Ethics Cor	nmission	Filers)
	ER NAME	ZO THE ID (Ethios Co.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Dian	e L Day			
	HEDULE SUBTOTALS ME OF SCHEDULE			JBTOTAL MOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	4. SCHEDULE E: LOANS			0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	0.00
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	TIONS RETURNED	\$	0.00

			T	2 Tatal pages filed:
The C/OH Instruction G	uide explains how to	complete this form.	1 Filer ID (Ethics Commission Filer	s) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Diane	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Pate Received  RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;	APT / SUITE #;  Kel Rd Cat  PHONE NUMBER	Spring TX 18935	AUSTIN COUNTY  ELECTIONS  Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	(291)	923-9743	EXTENSION	Date Hand-delivered of Date Positivatives  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MRNICKNAME	Michael LAST	MI SUFFIX	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (N	O PO BOX PLEASE); APT /	suite#; city;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (7/3)	PHONE NUMBER 775- 91	extension 70	
9 REPORT TYPE	January 15	30th day before	Eveneded Medifier	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 21 / 24	THROUGH /O	th Day Year  126124
11 ELECTION	ELECTION DAT	Year Primáry	Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF A)	ounty Clerk
14 NOTICE FROM POLITICAL COMMITTEE(S)				ES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TR	REASURER NAME	
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	
		GO TC	PAGE 2	

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ (		
	4. TOTAL POLITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$		
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.  Signature of Candidate or Offdeholder  Please complete either option below:  (1) Affidavit  NOTARY STAMP/SEAL  Sworn to and subscribed before me by this the day of				
	which, witness my hand and seal of office.	Title of officer administering oath		
Signature of officer administe		This of officer administering salif		
s	OR OR			
(2) Unsworn Declarati	on			
My name is	) iany , and my date of birth is	12.21-61		
My address is 18212 Hinkel Dd . Cat Spring. TX, 78933, USA.				
Executed in	County, State of 1945, on the Astronomy of Will with Sh	state) (zip code) (country)  Der , 20		
1	Signature of Carlain	(· · · · · · · · · · · · · · · ·		

### SUBTOTALS - C/OH

19 FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
Diane L Day	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ ()
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ ()
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ ()
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 6
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ O
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ ()
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ ()

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.						
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N		2 Filer ID (Ethics Commission Filers)				
3	SIGNA						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder						
4		ER WHO IS NOT AN OFFICEHOLDER  Complete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	k only one:					
	$\square$	I do not have unexpended contributions or unexpended interest or income earned fr	om political contributions.				
		I have unexpended contributions or unexpended interest or income earned from polimay not convert unexpended political contributions or unexpended interest or incorpersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contiling this final report. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirement	me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended				
	B.	ASSETS					
	Check only one:						
	I do not retain assets purchased with political contributions or interest or other income from political contributions.						
		I do retain assets purchased with political contributions or interest or other income frethat I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	er income from political contributions to				
5	OFFIC	EHOLDER  nplete this section <i>only</i> if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions it an officeholder, I retain political contributions, interest or other income from political copolitical contributions or interest or other income from political contributions.	f, after filing the last required report as				
			ignature of Officeholder				